

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

FEBRUARY 18 1978

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are still rapidly rising.  
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Migraleve speak for  
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NON-ERGOTAMINE



International Laboratories Ltd. Lincoln Way, Windmill Road, Sunbury-on-Thames, TW16 7HN.

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**New labelling**  
sign on OTC  
medicines

**Striking off**  
ordered for  
pharmacy

**BP Conference**  
programme





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- \* Bigger and better point-of-sale.
- \* Chance to win exciting summer prizes in Coppertone "Fun-in-the-Sun" Contest.
- \* Complete range to sell—includes UK market leaders QT and Sudden Tan.



# Coppertone

See your Plough representative or contact Plough (UK) Ltd., Penarth Street, London S.E.15. Tel. 01-639 4363.



# CHEMIST & DRUGGIST

The newswweekly for pharmacy

18 February 1978

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## CONTENTS

- 211 Comment—A helping hand
- 212 New code eases label phase-in
- 213 NPA concern over bottle shortages
- 214 David Coleman foretells bright future
- 215 People; Deaths
- 215 The Xrayser Column—Untitled people
- 218 New products
- 222 Trade news; On TV next week
- 227 Babycare—Special supplement
- 239 Room for growth in men's toiletries
- 240 New 110 and "instant" models from Kodak
- 242 Letters
- 243 Coventry BP Conference programme
- 246 Premises ordered to be struck off Register
- 247 Willow aim for pharmacy market
- 248 Market news; Coming events
- 249 Westminster report
- 250 Classified advertisements

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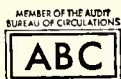
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18 February 1978

## COMMENT

### A helping hand

A pat on the back this week for those OTC medicines manufacturers who, through the Proprietary Association of Great Britain, have agreed to add a special symbol—a Greek alpha—to all packs complying with the 1976 Medicines Act labelling Regulations (p212). We hope that the seven companies adopting the scheme so far will soon be followed by the rest of the Association's membership—and those outside too—because the move is bound to ease the problems the legislation will create in a busy retail environment.

That being so, we fail to understand why the manufacturers of "ethicals" (members of the Association of the British Pharmaceutical Industry) are dragging their feet on this issue. The Regulations put onto the retailer the onus of ensuring that products comply with the legislation, so the least the industry can do is to simplify the task so far as is humanly possible.

But all that is for labelling regulations coming into final effect in 1981. What is of far greater concern at the moment is the labelling of products caught up by the Prescription Only and General Sale List Orders, for as every day goes by it appears that the hard-won six-month transitional period will prove to be all too short. New anomalies are being brought to C&D's attention with monotonous regularity by manufacturers unsure of their ground in relation to classification in the C&D Price List, and by retail pharmacists—one of whom last week shook a manufacturer by pointing out that his OTC product would shortly become script only!

We have, for example, products (such as the one mentioned above) which must be reformulated and all existing stocks withdrawn in the next five-and-a-bit months. For others the decision to reformulate had already been taken on the basis of the draft Regulations and the new products are now in the pipeline—but there is every likelihood of both being in the distribution chain at the same time, perhaps even beyond August.

Some companies have products whose ingredients are all on the General Sale List and are legally in that category—yet whose product licence requires limitation of distribution to pharmacies. There will be others which may be technically capable of pharmacy sale OTC, but which have a script-only licence.

We know of products being formulated to receive a GSL tag with a view to overseas market attitudes—but which are strictly "ethicals" and pharmacy-only in home market promotion.

And then there are all those ephedrine, morphine, hyoscine, etc, products with the dose-related POM—pharmacy-only differentiation that produced the need for a transitional period. We have yet to learn the intentions of most manufacturers—will they reformulate or relabel their OTC packs with the lower dosage? Will bulk "dispensing" packs retain the higher dosages the manufacturer has hitherto believed appropriate—and, if so, will the manufacturer put on a warning label to the retail pharmacist should he decide to "counter prescribe" from that pack?

These are a few of the current problems, and they clearly indicate the support the retail pharmacist requires from both sections of the industry. So, ABPI members, let us have no more hesitation—show now that you mean to support the people upon whose support you in turn so often depend.



# Future bright 'so do not undersell pharmacy'

Hope for the future of pharmacy was expressed by Mr D. L. Coleman, last week, when he addressed the Leicester and Leicestershire Branch of the Pharmaceutical Society. Mr Coleman, a proprietor pharmacist, is a member of the Pharmaceutical Services Negotiating Committee, a member of the National Pharmaceutical Association Board of Management, a director of Independent Chemists Marketing Ltd and a member of the Clothier Committee.

He said he was apparently a rarity—he enjoyed pharmacy. He did not regret going into pharmacy, he hoped his sons would follow him—and even more unusually he was a pharmacist who did not despair for the future. He believed there was a danger in forever running down and underselling the profession, it was no way to recruit the best of the next generation, he said.

At a time when PSNC elections were approaching, he knew he should be crying woe—wearing sackcloth and ashes and promising the earth if re-elected—but he did none of those things. The 1960s and early 1970s, he said, were the days of the "biggest is best" school of thought, but now, he believed people were turning away from size for its own sake, and that the opportunity for the independents was excellent. What they had to do was build on their personal service and on their knowledge of localities and customers.

## Rural area dispensing

Turning to the Clothier discussions, Mr Coleman said he believed doctor dispensing was thoroughly undesirable, and had hampered a proper pharmaceutical service in rural areas. The report was not all pharmacists would have desired but he thought they should accept it as providing a basis for a way forward.

Pharmacists had given up a principle—that they could no longer open just where they wished—but pharmacies were not opening in rural areas; they had given up nothing in practice. There was a clear choice, he said. By rejecting the report, pharmacy could say it had stuck by its principles—by accepting it many pharmacies could be saved from the depreciation by doctors. Pharmacists could start to turn the tide, they had a choice.

Looking to the future he said Britain was emerging from a period of severe restraint and stagnant economy, into one of cautious expansion (and electoral awareness). The next months, therefore were likely to see further minor improvements in terms and conditions. Pharmacy had to make good use of those months to see that profit claims were answered, and other fundamental financial needs met. The time had come to

look at a re-structuring of the contract but an oversimple contract could reduce opportunities for better remuneration. What was needed was a further step towards individualisation of the contract.

In conclusion Mr Coleman called on pharmacists to be less apathetic. Apathy, he said was one of the biggest enemies. It resulted in perhaps 10 people in an area deciding policy decisions that could effect hundreds; it provided the Department of Health with an excuse to treat claims with less urgency.

## Guild council goes for 10 pc pay increase

The Guild of Hospital Pharmacists is to submit a claim for a 10 per cent salary increase for all pharmacists from grade 1 upwards, to take effect from April.

At the Guild council meeting, this month, it was agreed that there should also be a consolidation of all supplements within salary scales and that anomalies of payments to sessional and part-time pharmacists must be corrected this year. It was also agreed that any adjustments to salaries above grade 3 to correct their position must be additional to any phase III award.

Miss D. Haber, ASTMS divisional officer, told council that the staff side members of the joint working party of the Pharmaceutical Whitley Council believed the evidence gathered during the interviews for review of posts, fully

supported the proposals in the Guild's document. Further information has been supplied on grading definitions and definite progress was expected at the next joint working party meeting.

During a discussion on officer posts it was reported that the Guild had commented on proposals for the replacement of the area pharmaceutical officer to the Gwynedd and Clwyd Area Health Authorities. It had reiterated its view that the post should be separate from any at district level, that such vacancies should be nationally advertised and that full consultation should take place with the Guild on the matter. The district member was keeping the matter under close review.

It was noted that the regional pharmaceutical officer and other area pharmaceutical officers in the Oxford Region were strongly urging the immediate advertising of the vacant post and that the local divisional officer, ASTMS, Mr J. Mercer was assisting members in the area. In view of the continued lack of progress over the need for a full time regional pharmaceutical officer in Oxford it was decided to write to the Oxford Region, expressing dissatisfaction with the proposals concerning this post put forward by the working party in the region and asking for a meeting with the authority.

The draft statement from the Department of Health clarifying the management structure within hospital pharmacy with respect to the Quality Control Circular HN/77/64 was expected to be issued within a short time. A paper had been received from the Department on a defective drugs recall system. Council considered it had no relevance to the problem outlined to the Department and was no basis for its solution. It was agreed that the Guild should formulate its own procedure for dealing with the problem and circulate it for discussion with appropriate bodies.

## LPC election arrangements

Elections for pharmacist contractor (C) or employee (E) representatives on Local Pharmaceutical Committees are necessary in the following areas, for which the secretary of the Pharmaceutical Services Negotiating Committee is acting as returning officer: Birmingham E, Bolton C, Bradford E, Brent and Harrow E, Bucks E, Cumbria C, Derbys C, Devon E, Ealing, Hammersmith and Hounslow C, Essex CE, Gloucs E, Gwent C, Hants E, Hereford and Worcester CE, Hillingdon E, Humberside C, Kent E, Kingston and Richmond E, Lancs CE, Leics CE, Manchester E, Norfolk E, North Tyneside E, Northants E, Nottingham CE, Oldham E, Rochdale C, Sheffield C, Solihull E, Somerset E, Staffs E, Surrey E, Sussex East E, Tameside C, Warwicks E, Wigan C.

Voting papers must be returned to the PSNC headquarters, Langwood House, 63 High Street, Rickmansworth, Herts, by 12 noon on February 27. Eligible

pharmacists who have not received voting papers (dispatched February 14) should contact Langwood House saying whether contractor or employee papers are required.

In the following areas, local arrangements are being made and any election inquiries should be addressed to the local returning officer whose name is available from the LPC secretary: Barnsley, Bexley and Greenwich, Camden and Islington, Cornwall, Doncaster, Kensington, Chelsea and Westminster, Kirklees, Lambeth, Lewisham and Southwark, Liverpool, St Helens and Knowsley, Salford, Walsall, Wirral. Separate arrangements are being made in Bury.

Voting papers for direct elections to the PSNC were dispatched to all eligible contractors on February 14 and must be returned by February 27. Contractors who have not received papers should contact Langwood House.



# PEOPLE

**Mr J. I. Shulman** has been elected chairman of the Socialist Medical Association's pharmacy group. Other officers are **Miss S. Shulman**, secretary, and **Mrs J. Fox**, **Miss L. Mitchell** and **Miss S. Shulman** Council representatives.

## Deaths

**Adair:** Suddenly on February 7, Mr Robert Spence Adair, 46 Seaview, Warrenpoint. Aged 75, Mr Adair was one of four registered druggists remaining on the Register of Druggists for Northern Ireland. He retired some years ago and was druggist representative on the Northern Ireland Pharmaceutical Society's Council from 1972 until 1977. He is survived by his wife Elizabeth.

**Green:** On February 2, in hospital after a prolonged illness, Mr James Green, pharmacy sales representative of the Co-operative Wholesale Society's pharmaceutical factory, Droylsden, Manchester, since January 1949.

**Hall:** Sir John Hall, OBE, MP, president of Viscose Group Ltd, whose products include Spontex. He was appointed to the board of Viscose Development Co Ltd the holding company, in 1958 and became in turn vice-chairman, joint managing director, managing director and chairman, and became president in 1976. During his Parliamentary career he was senior vice-chairman of the Conservative 1922 Committee and a former Parliamentary Private Secretary. He was knighted in 1973.

**Nicholson:** Suddenly on January 29, Mr John William Wilfred Nicholson, 107 High Street, Ecclesfield. He qualified in 1927 and is survived by a widow, son and daughter.

## News in brief

□ Surgical hosiery and trusses are included in the February revision of prices to the Scottish Drug Tariff.

□ Contractors in England dispensed during November 25,085,140 prescriptions (15,323,899 forms) at a total cost of £49,394,239—£1.87 per prescription.

□ The October-November trip to China is fully booked and a few vacancies remain for the May-June visit, reports Mr A. G. M. Madge, organiser (*C&D*, November 12, p734). He is hoping to arrange a third trip.

□ Provisional figures for the first six months of 1977 show that of 6,737 cases before industrial tribunals alleging unfair dismissal, 4,608 (68 per cent) have been found in favour of the employer, according to *Employment News*.

□ From February 1, guarantee pay for workers on short time or temporary lay-off rose from £6 to £6.60 a day, the limit on pay arrears by insolvency rose from £80 to £100, and the limit on the amount of a week's pay used for calculating redundancy payments and some unfair dismissal awards increased from £80 to £100.

# TOPICAL REFLECTIONS

by Xrayser

## Untitled people

Now that judgment has been made on the Boots Diary entry we can re-examine our use of the word "chemist"—and I say we cannot ignore the legacy of our history. Over their hundred years in business Boots have established in the minds of three generations the almost reflex response of "Boots—the chemists," in much the same way as Kodak brings to mind photography, and "Laurel" almost always springs a "Hardy". So in matters of retail advertising they have acquired an advantage over other chemists.

Let us be more specific. Take my friend "Ann Emps," who bought a pharmacy with heavy dispensing. Over the years this has diminished because of changes of surgeries, leapfrogging etc, so that to regain some of her dispensing she decides to break rota and advertises "Ann Emps, Chemist. Open till ten pm". To my mind that would be improper, for in that context the title could only be taken to refer to the professional side of her business. If, on the other hand, as a member of a trading group, she were to advertise retail goods in competition with other retailers, saying that these goods were available from "Ann Emps, Chemist" then in this context she is only identifying the source of supply. Similarly with the Unichem advertisement.

I am not convinced that our continued ban on the use of the title in advertising is rational. As a group, retail pharmacy is in head-on competition with the other trading categories in the market place. Grocers, supermarkets, department stores and newsagents all stock "our" lines and indeed some advertise "chemists sundries" on facias. The word "chemist" is thus widely understood to mean a particular style of shop and the goods in it, but which additionally has pharmaceutical services available. It seems absurd that with about half our income derived from our retail activities, we cannot advertise using the one word which identifies us.

But another word, far more potent, has escaped our control and in the now familiar form "drug store" has come to mean a chemist shop without pharmaceutical services. They have the same goods to sell and may advertise as they please. It seems only we have identity problems.

To those who say we debase the word by commercial use I would reply that we have become like the captain of the pilot cutter which was drifting onto the rocks because the engine had failed. He refused to hoist his sails as the ordinary fisherman did, because he was no ordinary fisherman, but a professional man. I can tell you, the crew is becoming unhappy.

## Disinfectants

I was fascinated by the fine article on disinfectants by Dr Sally Bloomfield. Having once seen a serious cross-infection in a women's "gyne" ward, and being in charge of sterile manufacture, amongst other things, at that time, the subject drew me somewhat. I remember I spent a lot of time diluting phenol for use by staff who were scrubbing down ceilings and walls and floors under the hard eye and grim-set jaw of a matron who must have served at the Crimea, and who insisted that the consultant remove the *frilly* cubicle curtains he had erected in her absence since she maintained that they had harboured the infection. (I watched with awe as the consultant gave in, too.)

This formidable lady worked on the principle that dirt and any build-up of matter anywhere, though washed with phenol or bleach, was a matter of slovenliness and a source of infection and was not to be tolerated. She even suggested that plain soap and water and a good scrubbing was in itself sufficient. We laughed (to ourselves) for it was plain that she did not understand about modern disinfection. It would appear that her experience was of more value than our youthful scientific knowledge. I am sure I can hear the sound of a most deeply respected dragon angel having a quiet laugh somewhere.



# NEW ZALGUARD BARRIER

**New because they set a new standard in hygiene**



**SIX ORDINARY TISSUES ONE ZALGUARD TISSUE**



**CONTAMINATION!**

**NO CONTAMINATION!**

1. A simple test with ink proves what ZALGUARDS can do. The hand on the left presses down on 6 ordinary tissues laid on a blob of ink; the other hand presses down hard, with only one ZALGUARD as protection from the ink.

2. Now look! The hand on the left is contaminated; the hand on the right - no contamination! Imagine the ink was moist germ-carrying cold mucus or diarrhoea! ZALGUARDS is the barrier tissue that helps stop germs being handed around.

## The spread of germs by 'touch transmission'

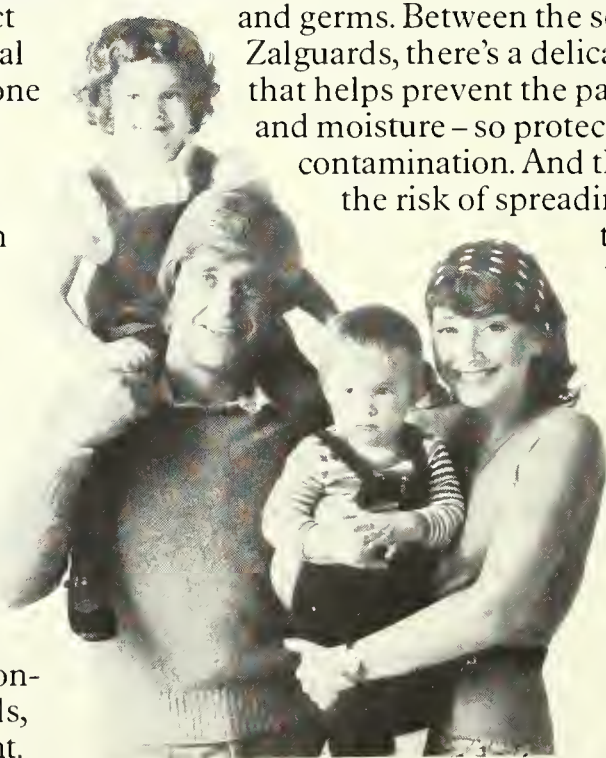
The illnesses which most commonly afflict families nowadays are probably gastro-intestinal infections and colds and influenza. And when one member of the family gets a tummy upset or a cold, the chances are the whole family will go down with it. Recent evidence suggests that germs can be passed round the family by 'touch transmission' - from hands contaminated by germ-carrying cold mucus or diarrhoea.

## The world's first barrier tissue



It is clearly important to avoid contamination of hands in the first place. But ordinary paper tissue is totally inadequate for stopping hand contamination. Zalguards, however, are different.

They are a highly effective barrier against moisture and germs. Between the soft tissue layers in Zalguards, there's a delicate but strong layer that helps prevent the passage of germs and moisture - so protecting hands from contamination. And therefore reducing the risk of spreading germs around the family. That's why Zalguards Barrier Tissues set a new standard in hygiene.





# GUARDS TISSUES.

**New because they open up a new area of profit.**

## great new business opportunity

Zalguards provide a great new business opportunity since every sale of a cold or 'flu remedy or anti-diarrhoeal treatment represents an opportunity for the additional sale of a pack of Zalguards.

(In 1976, the number of prescriptions for anti-diarrhoeal treatments and purchases of O.T.C. product items totalled over 9 million, and cold and flu remedies provided by chemists came to a staggering 65 million.)

## huge advertising launch

Zalguards will receive tremendous sales support with an expenditure of £200,000 on national press and women's magazines advertising during the next six months alone. This striking advertising campaign will ensure that brand awareness is very rapidly established.

In addition, a full range of display materials has been designed to publicize Zalguards in-store.

Doctors in the area of your pharmacy will be involved directly in the promotional programme. They will be detailed with the advantages of Zalguards whenever a patient requires a consultation for a

cold or for diarrhoea. In this way it is anticipated that a number of people will be asking for Zalguards at the same time as they proffer their prescription. Actively displaying Zalguards at point-of-sale will therefore act as a crucial reminder to these customers.

## Creating a new market

Zalguards is an entirely new concept in the fight against the spread of germs, going out to an entirely new and receptive audience. The market is new, the business is new and the profits are new.

Should you require further information on this outstanding business opportunity, please get in touch with your Sterling Health representative.

**NEW ZALGUARDS HELP STOP UMMY BUGS AND COLD GERMS BEING HANDED ROUND THE FAMILY.**

**THE FAMILY.**

**NEW ZALGUARDS**  
BARRIER TISSUES FOR DIARRHOEA  
Protect hands from contamination  
- reduce spread of germs

**NEW ZALGUARDS**  
BARRIER TISSUES FOR COLDS  
Prevention - reduce spread of germs

**Sterling Health**  
Family Products Division

**NEW ZALGUARDS**  
BARRIER TISSUES FOR DIARRHOEA  
Protect hands from contamination  
- reduce spread of germs

**NEW ZALGUARDS**  
BARRIER TISSUES FOR COLDS  
Prevention - reduce spread of germs

**Sterling Health**  
Family Products Division

# NEW ZALGUARDS.

**THE BARRIER TISSUES FOR COLDS AND DIARRHOEA.**

**Sterling Health**  
Family products  
your customers  
trust.



# NEW PRODUCTS

## Unichem repackage polish remover



Unichem have phased out Kemval nail polish remover and are re-introducing the product in a new pack which will be sold under the Unichem label (£0.23). The bottle incorporates an easy-to-apply sprinkler top in the interests of economy. The formula of the nail polish remover remains unaltered but the company says that the colour has been changed to pale yellow in response to customer requests. The new bottle shape incorporates a wider base than the earlier pack. *Unichem Ltd, Crown House, Morden, Surrey.*

## Ginseng tea and elixir

Panax Ginseng Co have introduced Red Kooga Royale instant ginseng tea, made by granulating the soluble solids of the whole king root after extraction. The granules of one 3g sachet (£0.18½; 10, £1.78) are dissolved in hot or cold water. Another new addition is Red Kooga ginseng elixir (200ml, £2.85) providing the equivalent of 12g extracted Korean ginseng and presented in a flask with a 10ml measure. *English Grains Ltd, Swain Park, Park Road, Overseal, Burton-on-Trent.*

## Natural gas Autosyphons

Shireclose have introduced a range of five Autosyphons with natural gas bulbs comprising 1011 (1 L, £5.65 trade), 1111 (1 L, £6.25 trade), 1211 (1 L, £6.25 trade), 1311 (2 L, £8.50 trade), 1411 (2 L, £9.50 trade). All are available with polished surface in red, blue, green and yellow with a spares kit and carbon dioxide bulb. The bulbs may be obtained separately (10, £1.76 trade).

Also in the range are creamsiphons for making whipped cream, ice cream,

mousse and sorbets. There are two models 2321 (1 L, £8.50), 2421 (½ L, £6.25) in red, blue, green and yellow which use nitrous oxide bulbs (10, £0.95 trade). *Shireclose Ltd, 1 Palmerston Road, London, SW19 1PG.*

## K-flex extended

Danmed Ltd have added the following eight ostomy products to the Coloplast K-flex range: colostomy plain 10mm 2910, 30mm 2913, 40mm 2914, 50mm 2915 (50, £29.50 trade); decorated 30mm 2923, 40mm 2924, 50mm 2925 (50, £29.50 trade); ileostomy decorated 10mm 2911 (50, £35 trade). *Danmed Ltd, Somersham Road, St Ives, Huntingdon, Cambs.*

## Caffeine-free bedtime drink

Cantassium Co have introduced Rita Greer's bedtime drink in the form of a powder to which hot water or milk is added (200 g for 20 drinks, £1.08). The drink is free from caffeine, tannin, cholesterol, grain, gluten, sugar and albumen. It is low in saturated fat and sodium, and is completely vegetarian, containing potato starch, carob flour, powdered almonds and vanilla. *Cantassium Co, 229 Putney Bridge Road, London SW15.*

## Harlequin sponges

Miles Laboratories Ltd have introduced a Harlequin range of bath products including a bath sponge (£0.30), toilette sponge (£0.25), personal sponge (£0.25), baby sponge (£0.20) and a "Frothy Frog" hand puppet (£0.99). *Miles Laboratories Ltd, PO Box 37, Stoke Court, Stoke Poges, Slough, SL2 4LY.*

## PRESCRIPTION SPECIALITIES

### Colestid granules

Colestid is an ion-exchange resin which lowers plasma cholesterol levels by binding with bile acid in the intestine. It should be mixed with water or other fluids before ingestion. Patients should take other drugs at least one hour before or one hour after to minimise interference.

**Manufacturer** Upjohn Ltd, Fleming Way, Crawley, West Sussex.

**Description** Light yellow, tasteless and odourless granules of colestipol hydrochloride with 0.2 per cent colloidal silicone dioxide.

**Indications** Adjunct to diet where cholesterol level elevated, all types of hypercholesterolaemia but especially Fredrickson's type II hyperlipoproteinaemia. Skin lesions of xanthomas reported to regress on Colestid.

**Contraindications** Hypersensitivity to colestipol.

**Dosage** 15-30g total divided two to four times daily.

**Precautions** May interfere with absorption of some drugs. To avoid inhalation or oesophageal distress, should not be taken dry.

**Side effects** Mostly gastrointestinal such as mild constipation. Transient elevation of SGOT and alkaline phosphatase.

**Preparation** Sachet contents or scoopful added to 100ml or more of vehicle and mixed thoroughly until dispersed. May be added to soups, pulpy fruits or carbonated beverages.

**Packets** 30x5g sachets (£8.90 trade), 250g (£13.76 trade).

**Supply restrictions** Prescription only.

**Issued** February 1978.

## Albee with higher vitamin C content

A. H. Robins have introduced Allbee with C550 capsules (100, £3.80 trade) for those who require a higher vitamin C supplement (550mg) than the 300mg in the standard Allbee with C (still available). The formulation is otherwise similar. The company has also introduced 2 litre packs for Dimotane with codeine paediatric (£12 trade) and Dimotapp elixir (£9.95 trade). *A. H. Robins, Co Ltd, Redkirk Way, Horsham, W Sussex.*

## Plastules ended

Wyeth's Plastules range has now come to an end with the discontinuation of Plastules with folic acid 100s. *Wyeth Laboratories, Taplow, Maidenhead.*

## Retail Calciparine

Calciparine injection (£8.06 trade) (C&D, January 28, p112) is now available to wholesalers and retail pharmacists after its initial introduction to hospitals only. *Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey.*

## Flexivials prices

The Flexicals entry in the current Price Supplement should refer to Flexivials. The entry will be correct in the March Price List. *Cambrian Pharmaceuticals, Suffolk House, George Street, Croydon.*

## Alcos-anal change in formula

Norgine Ltd have re-formulated Alcos-anal ointment and suppositories. The new formula products will be supplied against all orders received on or after March 1; the prices remain unchanged. The new ointment will contain sodium oleate 10 per cent, hydroxypolyethoxydodecane 2 per cent, chlorothymol 0.1 per cent. Alcos-anal suppositories each contain sodium oleate 200mg, hydroxypolyethoxydodecane 20mg, chlorothymol 0.7mg. Both are Pharmacy Only medicines. *Norgine Ltd, 59 High Holborn, London WC1V 6EB.*



Wellcome Medical Division announce

# Two new Septrin<sup>\*</sup> presentations

# Septrin Forte

A double-strength tablet to further simplify the Septrin dosage regime.  
Available in packs of 100.

# Septrin intramuscular injection

A parenteral form of Septrin for administration to patients unable to  
take oral therapy. Available in boxes of 10x3ml ampoules.

Septrin contains trimethoprim and sulphamethoxazole.  
Further information is available on request.



**Wellcome**

Wellcome Medical Division, The Wellcome Foundation Ltd., Berkhamsted, Herts

RESEARCH IS OUR ONLY SHAREHOLDER

<sup>\*</sup>Trade Mark



**FIGURES  
SPEAK  
LOUDER  
THAN  
WORDS**



# 66%

That's Redoxon's share of the total Vitamin C market. 66%.  
Over three times as much as the nearest rival;  
having doubled its share of the market in two years since  
the launch of flavoured Redoxon. Phenomenal!

# 49p

Redoxon is still only 49p per tube (R.R.P.).  
That's 10 tablets each containing one gram of Vitamin C.  
Making 10 sparkling Vitamin C drinks at less than  
5p a glass. And that's effervescing good value for your  
customers – just take a look at the competition.

# 12 FOR THE PRICE OF 10

Now, as an added bonus we are offering 2 free tubes of  
Redoxon for every 10 ordered for a limited period  
(even more for large orders). That's all extra profit for you.

And remember demand will keep  
increasing because when it comes to Vitamin C,  
Redoxon is way up in front as far as your  
customers are concerned.



## Redoxon

Available in plain, orange or lemon flavours.



Roche Products Limited, P.O. Box 2LE, 15 Manchester Square, London W1A 2LE. Redoxon = Trade Mark.



# TRADE NEWS

## Polaroid mime in TV campaign

Polaroid are employing the remarkable talents of Marcel Marceau, the world's foremost exponent of mime, to promote the Polaroid 1000. Monsieur Marceau will demonstrate the "world's simplest camera" through the "world's simplest language". His ability to portray human situations, expressions and movements is being harnessed to a television campaign for the camera, whose low cost, ease of use and the delight people have in seeing colour pictures almost instantly, are central themes for the television film and point of sale material featuring Marcel Marceau.

The company has also organised a season of dealer information meetings throughout the country beginning in March; Belfast (March 29), London (April 4, 5), Chelmsford (April 6), Can-



terbury (April 11), Brighton (April 12), Southampton (April 13), Birmingham (April 18), Leicester (April 19), Nottingham (April 20), Liverpool (April 25), Manchester (April 26), Preston (April 27), Dundee (May 3), Glasgow (May 4), Leeds (May 9), Hull (May 10), Newcastle (May 11), Plymouth (May 16) and Swansea (May 18). *Polaroid (UK) Ltd, Ashley Road, St Albans, Herts.*

## Lloyd's cream for younger market

Lloyd's cream is being relaunched with a new formula. It now contains diethylamine salicylate instead of adrenaline and a 60g tube (£0.54) has been introduced in addition to the 30g tube (£0.34) and 100g jar (£0.69). An advertising campaign beginning in March will use 18 different magazines covering 12 sports and will continue throughout the year. The theme is designed to appeal to a younger, sporting market.

Clinical trials have shown that diethylamine salicylate has a greater penetrating effect than methyl salicylate. Previously sold only through wholesalers, Lloyd's cream will now be detailed by Reckitt's chemist sales force, with bonus deals and a prepacked display carton containing nine tubes. Although, as a result of the reformulation, the cream is now on the General Sale List, the company intends to keep it chemist-only. *Reckitt & Colman pharmaceutical-division, Dan-som Lane, Hull.*

## High C campaign

An advertising campaign for the new Sanatogen High C breaks in the *Sunday Telegraph* colour supplement on March 12, followed by full page advertisements in *Readers Digest*, *TV Times*, *Good Housekeeping* and *Woman*. The promotional budget is £200,000. *Fisons Ltd pharmaceutical division, 12 Derby Road, Loughborough, Leics.*

## Pin-up promotion

Elida Gibbs, who say that home perm sales are now rising sharply after a long period in which there was very little

movement in the market, are responding by offering a special incentive to potential users of Pin-up full head and end curl home perms. Until the end of March price marked packs will be available on both sizes with Pin-up end curl flashed £0.55 and full head flashed £0.75, giving discounts of 17p and 24p respectively. The company is aiming to emphasise to potential users how cheap do-it-yourself perming is compared to salon charges. There will also be a £40,000 advertising campaign running throughout the year in women's magazines. *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.*

## More Fresh 'n Clean

LR/Sanitas are extending the television advertising campaign for Fresh 'n Clean to the Southern television area. The commercial, which emphasises the cleansing and deodorising properties of the product, will be shown until February 26 and from March 12 to 26. *LR/Sanitas, Stockwell Green, London.*

## BHS cut prices of branded toiletries

Cut-price promotions on a range of branded toiletries are being launched within the "Health & Beauty" section of British Homes Stores. Each item will be on offer for approximately eight weeks (or while stocks last) and further promotional lines will be introduced every four weeks. Included in the February batch are Harmony (£0.39), Sunsilk (£0.27) and Elnett hairsprays (£0.90), Vosene (£0.33, £0.57) and Silvikrin shampoo (£0.25), Oil of Ulay (£1.09),

Ponds cream (£0.49), SR (£0.32), Nice 'n Easy (£0.59), Arrid (£0.49) and Mum rollette (£0.39) and refill (£0.35). *British Home Stores, Marylebone House, 129 Marylebone Road, London NW1.*

## Christy's collar goes gold again

Christy skin emulsion is to wear its gold collar again this summer. Appearing from April on both the small and large packs (£0.39, £0.52), the collar is to remind consumers that the skin emulsion is effective for cooling sunburn. The 1978 winter packs (from September) will again have a blue collar. *Thomas Christy Ltd, North Lane, Aldershot.*

## Nice 'n Easy burst worth £½m

Bristol-Myers Co Ltd are planning a "dramatic increase" in advertising expenditure for Nice 'n Easy. A television campaign worth half a million pounds will run until the end of March. There will be another burst later in the year. *Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.*

## Hansen egg

A £100,000 television campaign for the Hard as Nails with nylon range of nail colours from Sally Hansen, featuring the famous egg test, will return to the screens from mid-month until the end of March. *Sally Hansen Ltd, Hook Rise South, Surbiton, Surrey KT6 7LU.*

## Maybelline kisses

Maybelline are adding two flavours to their Kissing Potion range of lip glossers. Orange crush and blackcurrant sorbet join mighty mint, cherry smash, strawberry swirl and crazy kola (£0.60) from mid-month. *Plough (UK) Ltd, Penarth Street, London SE15 1TR.*

*More Trade News on p226*

## ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

**Anadin:** All except U, E

**Ayds:** All areas

**Bran-slim:** Lc, Y, NE, M

**Camay:** All areas

**Clearasil cream:** Ln, M, WW, We

**Contac 400:** All except E

**Complan:** Lm, Lc, NE, So

**Hard as Nails:** Ln, Lc, So, M, A, We, Sc, G, U

**Head & Shoulders:** All except B, E

**Hedex:** All areas

**Fairy:** All except Ln, M, Lc, So, A, E

**Lemsip:** All except E

**Marigold housegloves:** Sc, WW, U, G

**Nice 'n Easy:** All areas

**Rennie:** All except Ln, U, CI

**SR:** All areas

**Vitarich:** Lc





# So you think you know your business?

## ASK YOURSELF THESE QUESTIONS

*How does the performance of your pharmacy compare with the national average?*

*What percentage of your gross profit does each product group contribute?*

*Are your profits on individual lines above or below average?*

*Do you know your local market share and the scope for further growth?*

How many could you answer accurately? The future of your business could depend on it.

As an independent pharmacist, you know that competition is getting keener every year.

But the pharmacist with professional responsibilities hasn't the time to keep up with modern retailing trends.

Your bigger competitors have.

They possess sophisticated management systems which give them accurate, up-to-the-minute market information in the fine detail that that only a computer can provide.

You also need that information if you are to survive and prosper in business today.

It's the kind of vital aid Vestric can bring you through its unique Vantage programme, part of which is devoted to bringing you modern management systems.

Vestric has one of the largest ICL computer facilities of its type in Europe. Through it, we can place at your disposal regular, concise statistical reports which will help you measure your business efficiency and identify areas which you could develop and improve.



In short, we could give you the correct answers.

Naturally, you know your own business best.

But aided by Vestric Vantage you could soon know it even better and increase your profits.

Contact your local Vestric branch manager or chemist representative and ensure your future.

↑ Vital quarterly information to help you assess your retail performance.

← Part of our computer facility.... technology and expertise at your disposal.

**Vestric**  
**VANTAGE**  
MANAGEMENT SYSTEMS FOR THE  
PROFESSIONAL RETAILER

\* **VANTAGE** is a trade mark of Vestric Limited



Mafu 4-month Slow Release  
Vapouriser Block.

To stand. Attractively designed,  
pleasant-smelling, recloseable block,  
that kills all flying insects for four months.

Mafu 6-month Moth Killer.

Pleasant-smelling vapouriser strip which  
lasts for six months, killing moths in  
wardrobes, drawers and chests, and  
other household insects in enclosed  
spaces, such as under the sink or stairs.

Mafu Fly Spray.

A new type of fly spray with a unique  
long-lasting effect. Spray it on all surfaces  
where flies settle, such as light fixtures  
and high room corners. Kills flies for days  
and days. May also be used as a room  
spray or instant knockdown spray.



# Make a killing in the

This Summer, we'll be launching  
exactly what the housewife wants. Mafu.

The most comprehensive and ad-  
vanced range of household insecticides  
ever seen.

That's why you'll be making huge  
profits.

The Mafu Range will kill any and every  
insect pest a housewife is likely to come  
across.

Mafu will have the biggest advertising  
budget ever seen in the insecticide market.

In fact, more than the total amount spent  
advertising all brands in 1977.



# MAFU

## 4 MONTH FLYKILLER

Slow Release Vapouriser Strip

Mafu 4-month Slow Release Vapouriser Strip.

Pleasant-smelling strip that kills all flying insects for four months.

Mafu Creepy-Crawly Spray.

A triple-action spray that kills all crawling insect pests with fast knockdown action, long-lasting killing action and flushing-out killing action.

Mafu Fly Balls – Contact Flykillers.

Kills all flying insects after contact. The modern alternative to flypaper.



# insecticide market.

The Mafu advertising, thoroughly researched and tested, will be the most memorable ever.

So get in touch with Bayer soon and order Mafu.

**NEW MAFU: KILLS ALL HOUSEHOLD INSECTS.**

Mafu is a registered trademark of Bayer, AG. A Bayer Product.



I would like to be contacted immediately with further information on the the new Mafu range.

NAME

COMPANY

ADDRESS

To: Bayer UK Limited, Consumer Product Group,  
Burrell Road, Haywards Heath, West Sussex RH16 1TP  
Telephone: (0444) 57911.



## Maybelline lip colour

Maybelline have added a range of automatic lip colours to their cosmetics range. Presented in a lightweight, transparent pvc bottle, the gold cap carries a sponge tipped applicator. There are nine shades in the automatic lip colour range (£0.99) including rosheshine, coffeshine, melonshine, appleshine, coppershine, redshine, mauveshine, honeyshine and pureshine—the last a transparent gloss with “just a hint of pink.” *Plough (UK) Ltd, Penarth Street, London SE15*

## Tubes of Maxi-fresh

Max Factor are making their Maxi-fresh make-up available in tubes (£0.65). Previously sold only in bottle Maxi-fresh make-up is said to be suitable for all types of skin and to stay fresh all day. It is available in six shades. The company is also adding two shades to the Maxi-glow blush (£0.60)—ginger peach and tawny russet. *Max Factor Ltd, 16 Old Bond Street, London W1X*

## Another Coppertone trade competition

Plough are running another trade competition, following the success of last year's. After ticking the correct answers to six questions, the retailers complete a slogan and say whether they are competing for prizes in class A (garden furniture), class B (home movie set), class C (binoculars) or class D (barbeque grill). The prizes available depend on the size of the Coppertone order. *Plough (UK) Ltd, Penarth Street, London, SE15 1TR.*

## Bath thermometers

Rand Rocket will be introducing a new range of baby bath thermometers under the Lord Randolph label within the next few weeks. The plastic thermometers (£0.65) have various shapes, including a boat and a dolphin, and there is a wooden thermometer at £2.15. *Rand Rocket Ltd, Imperial Way, Watford, Herts.*

## Co-op offers for mum

Co-op stores and pharmacies are offering two present promotions for Mother's Day. They have cut 20p from the normal price of Morny spray mist in French Fern, Lily of the Valley, Sandalwood and Honeysuckle fragrances. The offer price therefore will be £0.79 and will apply until March 5. They are also offering Morny talcum powder for £0.53. *Co-operative Wholesale Society Ltd, PO Box 53, New Century House, Manchester M60 4ES.*



## GII offer with men's Kleenex

Kleenex for Men is featuring the first-ever on-pack offer for a shaving system from Gillette, in a promotion available during February and March. It involves a proof-of-purchase free offer of a

Gillette GII razor, plus two twin-blade cartridges (worth about 35p) and is available in corrugates of 24 packs. *Kimberly-Clark Ltd, Larkfield, Maidstone, Kent.*

## Heinz labels build children's home

A £100,000 cheque has been handed over to the Reverend Gordon Barritt, principal of the National Children's Home, by disc jockey Ed “Stewpot” Stewart on behalf of Heinz. This was the final instalment of the £150,000 raised in the Heinz nationwide campaign to build a children's home in Hull. Heinz donated 1p for each of their labels sent in by the public. *H. J. Heinz Co Ltd, Hayes, Middlesex.*

## Twin pack teats

Suba-seal are now producing teats in a twin pack so that the mother can have a spare sterilised teat ready at all times. This twin pack is available in silicone (£0.79½) latex and moulded rubber teats (£0.24½). Recently Suba-seal added a smooth neck. 8 oz feeding bottle to their range. The new bottle, in clear polycarbonate, does not have the usual rim inside the mouth and has a finger grip moulded into the design (£0.77, with silicone teet, £0.49 with latex or rubber teat). *William Freeman & Co Ltd, Subaseal Works, Staincross, Barnsley.*

## NCR study tour

NCR Ltd are organising a study tour to the USA from March 1 to 14, which will include a two-day MMM seminar on various aspects and trends in all areas of retailing. Topics include: the use of electronics in retailing, sales promotion, consumer credit and retail security.

Much of the tour will be spent visiting a wide variety of stores, shopping centres and supermarkets in San Francisco, Los Angeles, San Diego, Houston and Dallas. There will, however, be time for sightseeing, including a visit to Disneyland. The cost of the tour, includ-

ing airfare, MMM seminar, all transfers and first-class hotel accommodation is £885. Further information may be obtained from Mr Gordon Makins, NCR Limited, 206 Marylebone Road, London NW1 (telephone: 01-723 7070).

## Scholl advertise NHS support hose

Scholl estimate that their intensive medical advertising campaign for Nylastik and Soft-Grip hosiery will cost about £60,000. The campaign will run in major medical journals throughout 1978 with colour as well as black and white pages. The advertising describes the medical benefits, such as the graduated compression, of the hosiery as well as its cosmetic appeal to patients. There are also plans to take part in more than 50 medical exhibitions throughout the UK and a direct mail shot will be directed to GP's later in the year. *Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH.*

## Solport add gloves

Solport Bros Ltd have added three sizes of disposable polythene gloves to their range of chemists' sundries. They are available in small, medium and large sizes and are packed in 25s (£0.25) and 100s (£0.70). Stocks can be ordered from Vestric Ltd and some other wholesalers. *Solport Bros Ltd, Portia House, Goring Street, Goring-by-Sea, West Sussex.*

## Easter sleeve

A pink-and-green Easter sleeve to fit around the blue box of the 56cc eau de toilette Replica aerosol is being made available free to the trade with current orders. *Replica, 90 Belsize Lane, London NW3 5BE.*



# Babycare



## Clean up at both ends of the baby market

This year we'll be spending more than ever on two of our fastest growing products:

Milton Crystals, the first bottle sterilant to keep on generating germ-killing power for a full 4 hours.

And Milgard Baby Cleansing Milk, a cleaner and protector all in one – all a mother needs at nappy changing time.

There'll be continuous



(In packs of 12's and 30's)

(150 ml and 300 ml packs)

TV advertising backing in 75% of the country (90% of housewife viewers will get the message).

And there will be additional support from our hospital and clinic promotional programme.

In fact, 1978 marks us as the major UK baby products advertiser. So don't miss this chance to clean up at both ends of the market.

**Large sizes selling fast – stock up now.**

Milton  
Protection

The safeguard your baby deserves.



## NAPPY RASH: ITS CAUSES AND PREVENTION

by Dr A. Li Wan Po, department of pharmacy, University of Aston

Although nappy rash can be prevented easily most infants suffer from it occasionally. Provided complications such as superinfection by fungi or bacteria are not present the condition can usually be treated by simple non prescription products and home remedies.

Nappy rash is usually caused by a combination of several factors. The commonest type is due to the ammonia liberated by urea-splitting organisms from the stools (1). *Bacillus ammoniagenes* was implicated by Cooke (2) and the chemistry of the reaction can be represented as:  $\text{CO}(\text{NH}_2)_2 + 2\text{H}_2\text{O} \rightleftharpoons (\text{NH}_4)_2\text{CO}_3 \rightleftharpoons 2\text{NH}_3 + \text{H}_2\text{O} + \text{CO}_2$

An increase in pH together with the formation of irritants by the alkali can be expected to cause nappy rash. However it has been shown that other constituents of urine in the absence of a high pH or ammonia can still cause erythema (3). The skin may also be irritated by constituents of commercial detergents left in the napkin as a result of inadequate rinsing. Contributing factors include occlusion by plastic pants which also raises the temperature in the nappy area and therefore promotes microbial growth. Diarrhoea will also cause maceration of the skin.

Possibly the most useful diagnostic feature of nappy rash is its confinement to the area covered by the nappy and the most common clinical picture is that of maceration, erythema and scaling (4). Superinfection by monilia (*Candida albicans*) is fairly frequent. In certain instances bacterial infection by Staphylococci may be present. In both cases patients should be referred to their family doctors. Small red perianal satellite lesions are indicative of monilial

infection while in staphylococcal infection, small pustules are often observed.

Many cases of nappy rash are self treated by the parents as shown by the fact that it is often an incidental finding in clinical examinations (5). Appropriate advice by pharmacists is essential.

### Treatment

Treatment will depend on the cause but cleaning and drying the affected area are essential. Exposure of the nappy area to air as much as possible should be encouraged in order to reduce the maceration of the skin and contact with known irritants should be avoided.

Exposure to the light from a 25 watt bulb placed about 12 inches from the buttocks is said to be helpful (6). Since mothers of babies with nappy rash are very likely to be overworked this method is not to be recommended for self treatment. The degree of supervision is too demanding.

Application of fresh egg white to the sore area has been suggested (7). However, because egg white is a skin sensitising allergen (8) and because damaged skin is much more easily sensitised than intact skin (9), this practice should be discouraged.

Protection of the skin is usually necessary and various types of non-prescription products are available. The range of products available is presented in table 1 and includes all the popular products on the British market. Besides the purely physical protection or "emollient" properties of the base, other active ingredients are incorporated in some of the products available.

**Zinc oxide:** Claimed to have antiseptic, astringent, soothing and protective pro-

perties. High concentrations of zinc oxide could also be useful by accelerating evaporation of water vapour from wet lesions through the microporous structure formed.

**Silicone Products:** Dimethicone is the most commonly used silicone product in nappy rash preparations; because of its water repellent properties it protects the skin against water soluble irritants. As for the treatment of bedsores, (10) a high concentration (more than 20 per cent) of silicone is probably necessary for it to be effective in nappy rash. Silicone preparations should not be applied to inflamed or abraded skin (11).

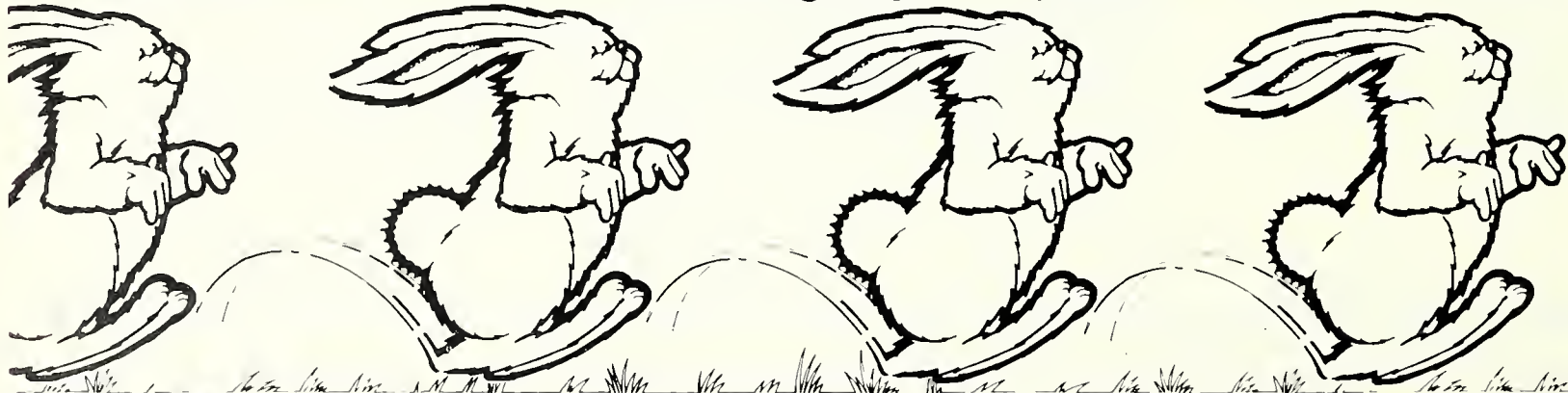
**Antiseptics:** These include cetrimide, chlorhexidine, benzalkonium chloride, cetylpyridium chloride and aminacrine. The effectiveness of these ingredients is difficult to assess especially in the formulated products. Sensitivity to all of these antiseptics is a possibility (12,13,14) and the pharmacist will have to be alert to these. The possible benefits will therefore have to be weighed against this risk especially because it is known that passive treatment with a barrier cream is adequate in most cases of nappy rash. The detergent action of cetrimide may be useful in loosening dead tissue after application.

**Cod liver oil and vitamins A and D:** The ingredients are said to accelerate healing in superficial wounds such as nappy rash. The evidence available does not however support this.

**Lanolin:** Still present in some of the products available. Since it causes sensitisation fairly commonly, it should preferably be avoided (15).

**Dusting Powders:** Talc is a common ingredient, and contamination of the

## **milupa** - still increasing by leaps and bounds!



### **Milumil & milupa** Infant Food **THE FAST MOVERS**



Table 1. Products for treatment and prevention of nappy rash

Product	Manufacturer	Ingredients	Form	Notes
Cetavlex	ICI Ltd	cetrimide 0.5%	Cream	
Drapolene	Wellcome Foundation Ltd	benzalkonium chloride 0.01%, centrimide 0.2%	Cream	
Metanium	Bengue & Co Ltd	titanium dioxide 20%, titanium peroxide 5%, titanium salicylate 3%, titanium tannate 0.1%, siliconised excipient	Ointment (also as powder)	Stains nappies
Moore's baby cream	Moore Medicinal Products Ltd	benzalkonium bromide 0.01%, cetrimide 0.5%	Cream	
Morsep	Napp Laboratories Ltd	cetrimide 0.5%, Dakin's solution 5.0%, cod liver oil 11.4%	Cream	
Natusan	Alfred Benzon (UK) Ltd	boric acid 2.85%, borax 0.15%, glycerol	Cream	Boric acid content
Neo baby cream	Neo Laboratories	cetrimide 0.2%, benzalkonium chloride solution 0.1%, silicone/lanolin base	Cream	Lanolin content
Rikospray Silicone	Riker Laboratories	aluminium dihydroxyallantoinate 0.5%, cetylpyridium chloride 0.02%, dimethicone 1000 to 100%	Aerosol	
Savlon baby-care cream	ICI Ltd	cetrimide 0.5%	Cream	
Siopel cream	ICI Ltd	cetrimide 0.3%, dimethicone 1000 10%	Cream	
Septex cream No 1	Norton Ltd	zinc oxide 7.89%, boric acid 5.92%, zinc oleate 1.97%	Ointment	High boric acid content
Syl	Lloyd Hamol Ltd	benzalkonium chloride solution 0.02%, dimethicone 350 10%	Cream	
Thovaline	Ilon Laboratories (Hamilton) Ltd	zinc oxide 19.8%, talc 3.3%, light kaolin 2.5%, cod liver oil 1.5%, wool fat 2.5%	Ointment (aerosol also available)	Wool fat content
Vaseline	Chesebrough—Pond's Ltd	white petroleum jelly	Ointment	
Vasogen	Pharmax Ltd	dimethyl silicone fluid 20%, zinc oxide 7.5%, calamine 1.5%	Cream	
Woodward's baby cream	Woodward Ltd	benzalkonium chloride 0.02%, cetrimide 0.10%	Cream	
Cetrimide cream		cetrimide 0.5%	Cream	
Zinc and castor oil ointment		zinc oxide, 7.5%, castor oil 50.0%, cetostearyl alcohol 2%, white beeswax 10%, arachis oil 30.5%	Ointment	Misnamed zinc and castor oil cream

tissues with talc is liable to cause granulomas (16). The toxicity of boric acid is well known and has led to the recommendation by the Council of the Pharmaceutical Society to the effect that dusting powders containing more than five per cent of boric acid should be labelled "not to be applied to raw or weeping surfaces". Allergic reactions to boric acid are also possible (17).

**Antihistamines:** They have a well documented allergic potential when applied topically (18) and their effectiveness in nappy rash has not been demonstrated.

**Titanium compounds:** One study indicated that a mixture of several titanium products was useful for the treatment of nappy rash (19). The product however stains napkins and if recommended the simultaneous use of a nappy liner should be encouraged.

**Allantoin:** Although potentially useful in psoriasis (20), there is no clear indication that it is effective in nappy rash.

**White soft Paraffin:** Essentially a protective agent.

In cases presenting with maceration a cream is preferable to an ointment because it is less occlusive. But once the condition is controlled a change over to ointments, which have a longer duration of action, may be advised.

Powders are widely used but inhalation of insoluble materials may cause chemical pneumonia (21) so that a warning may be necessary, especially for patients with known upper respiratory conditions. Aerosols are less traumatic to apply especially in the initial stages but they are usually much more expensive and the range available is more limited.

**Prevention of relapse**

Occlusion and contact of the skin with urine and faeces should be avoided. The use of one way disposable nappy liners could be advised by the phar-

macist. These liners also help by reducing the contamination of the nappies.

Although disposable nappies are claimed to be no more expensive than normal nappies (22) mothers will only be convinced with great difficulty. However, disposable nappies certainly decrease the work load for the parents and allow more opportunity for personal care of the baby. Home washed nappies have also been shown to be more contaminated by micro-organisms than if commercially laundered (23).

Solutions for sterilising nappies should theoretically lower the microbial population of washed nappies and hypochlorite disinfectants are probably the best choice. In every case careful directions for the proper use of the product should be given. The need to start with low levels of contamination and to rinse thoroughly the final products, because of the known allergenic potential of disinfectants, should be stressed. Although all these ancillary methods are useful, the most effective measures for the prevention of relapses are more frequent changes of nappies and application of a protective cream.

- Summary**
- Uncomplicated nappy rash is amenable to self treatment. The role of the pharmacist in assessing a case presented to him would therefore be:
1. To ascertain that the patient is suffering from nappy rash—Is the condition confined to the nappy area? How long has the condition lasted?
  2. To make sure that infection is not complicating the picture—Are pustules present?
  3. To recommend, where necessary, a suitable non prescription item—What products are you currently using? Is the nappy area macerated (weeping)?
  4. To advise on the prevention of relapse—What products are being used for cleaning the nappies if non-disposable types are chosen?

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## THE MYTHS SURROUND

by Dr O. Morton, M

Does infant teething cause any illness? For over two thousand years argument has raged on this topic. Being a natural process does teething produce no unwanted evidence of its occurrence or does it cause signs of illness in the baby?

Hippocrates, the Greek physician, in his work of the fourth century BC, "On dentition," wrote: "At the approach of dentition, itching of the gums, fevers, convulsions, diarrhoea, occur, especially when the canine teeth are cut and in those who are particularly fat and constipated." Thomas Rhayre's "Book of children" was published in 1530 and was the first textbook of paediatrics to be published in English. In it, he wrote: "About ye seventh month, sometime more, sometime lesse, after ye byrth, it is natural for a child to breed teeth, in which time many one is sore vexed with sodry diseases and pains, as swelling of ye gummes and jaws, unquiet crying fevers, cramps, palsies, fluxes, reumes and other infirmities, specially when it is long or ye teeth come forth, for the sooner they appear the better and the more ease it is to the childe."

### Seen as a danger

After this time, opinion hardened and teething was viewed more and more as a danger to the child. By 1732, Dr Arbuthnot, a physician to the Royal Family, felt able to state: "Above a tenth part of infants die in teething by symptoms proceeding from the irritation of the tender nervous parts of the jaws." It is surprising, in view of the "treatment" meted out to teething infants in the 18th century, such as lancing of the gums with unsterile scalpels and bleeding with leeches, that any managed to survive at all.

During the 19th century, with the development of the science of bacteriology, understanding grew of the nature of infection and immunity, and opinions became divided concerning the dangers or harmlessness of teething. It was realised early in this century, that passive immunity is passed, by the mother, to the newborn infant, protecting it from infection for about six months, after which the protection rapidly wanes. The child then begins to acquire active immunity, which takes over the protective role. However between the ages of six and seven months, when passive immunity is being lost and active immunity gained, the child has lowered resistance to infection. By coincidence, this is also

the period when dentition begins and it was because of this association that, in earlier days, teething was assumed to be the cause of illnesses actually due to infection.

In the first half of the 20th century the strong orthodox medical view was that teething was not responsible for any illness or discomfort whatsoever. Medical students were taught that to ascribe any symptoms or signs to teething was the last refuge of the diagnostically destitute. By the 1960s it was realised that this view was too extreme. A paediatrician, Dr R. M. Dawes(1) accurately summarised the feeling on the subject: "Primary dentition in infants, although a natural process and of little more than passing concern to the physician, is often a real problem to the infant and his parents. Most infants experience pain in varying degree during the process." Other paediatricians, too, wrote: "That the process is painful to the infant is manifest to parents and the medical attendant through its crying, fussing, refusal to eat, and other signs of discomfort. The gums are red and inflamed"(2) "We view it as a natural process which may cause pain and a few other mild symptoms for two or three days, but rarely results in more serious consequences"(3)

While medical opinion had returned to the view that, although teething is not dangerous, it may, nevertheless, cause signs of discomfort, no studies had been undertaken to determine the frequency with which such signs occurred until, in 1971 and 1972, a British dental surgeon, Margaret H. Seward, published the results of a large-scale investigation into the incidence of signs associated with teething(4).

### Survey of symptoms

Included in the study was a total of 224 infants, attending infant welfare clinics. The mothers were asked to complete a questionnaire every time a tooth erupted, and data were obtained for a total of 4,480 episodes of teething. The signs of teething looked for were: inflammation of the gum; eruption cyst; oral ulcers; cheek flush; cheek rash and, if no disturbance was seen, this too was recorded.

The results showed that teething is indeed associated with disturbance and that this was greater with eruption of the molar teeth than with eruption of the incisors. Inflammation of the gum

occurred in 90 per cent of the children when cutting canine and molar teeth and in 58 per cent when cutting the incisors. The respective figures for canine and molar teeth together, and for the incisors, for other signs of disturbances were; eruption cyst, 31 per cent and 11 per cent, oral ulcers, 62 per cent and 29 per cent; cheek flush, 92 per cent and 39 per cent cheek rash, 51 per cent and 24 per cent. Every single child had one or more disturbance during the eruption of canine and molar teeth, and only 26 per cent of the children had no disturbance when cutting incisor teeth.

This extensive study makes clear the fact that a majority of teething infants are likely to suffer definite disturbance. As expressed by Dr W. J. Warmington "... during the teething process, the physician is frequently confronted with

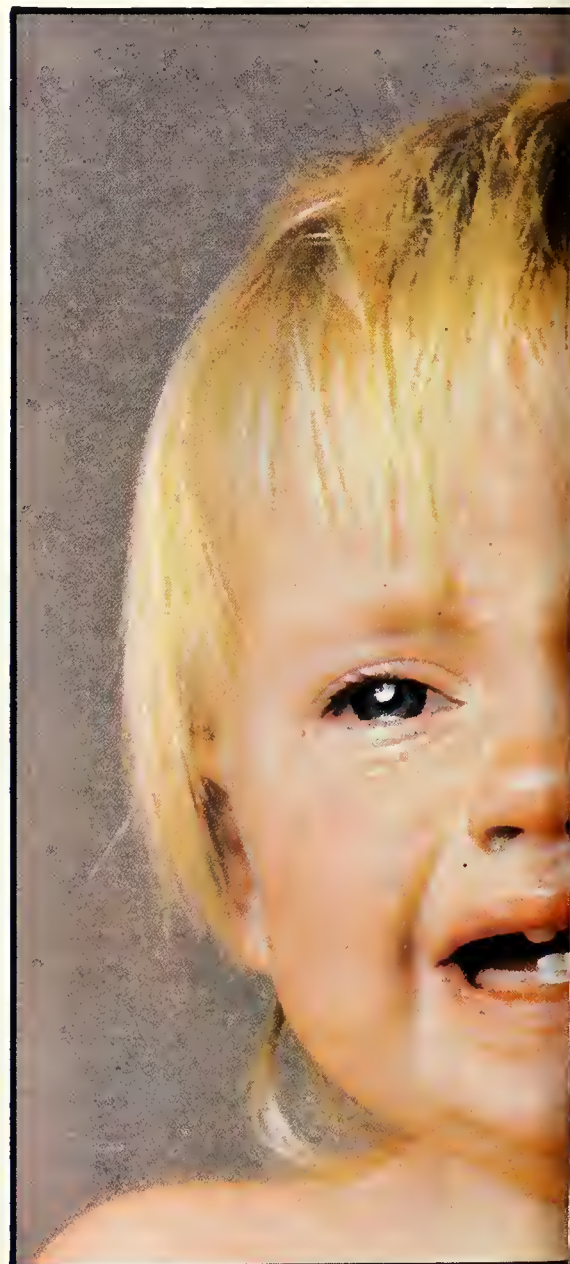


Illustration courtesy Reckitt & Colman pharmaceutical division



# ING INFANT TEETHING

CGP, Dip Pharm Med

the need to bring comfort to an irritable, screaming infant unable to rest or eat properly, as well as to the unhappy parents, who are themselves unable to find rest and are disturbed by their failure to bring comfort to the infant"(3). The pharmacist must frequently be confronted by similar family situations, with advice being anxiously sought by worried mothers.

It is apparent, both from direct observation, and from the study by Seward, that inflammation, as well as pain, is frequently present when infants are suffering from teething discomfort, so that treatment, to be effective, should counteract both inflammation and pain. Furthermore, since the affected area, namely the gum, is readily accessible, topical application is to be preferred, as an effective response can be obtained

using a much smaller dose of medication than would be needed if it were given systemically.

Aspirin is the most readily available compound which is highly effective in relieving both pain and inflammation. However, aspirin applied topically to oral mucous membrane is very irritant, whereas choline salicylate which, in clinical trials, has been shown to be as effective as aspirin in treating rheumatoid arthritis is both non-irritant and highly soluble, allowing the ready formulation of a topical preparation.

Choline salicylate is the main active ingredient in Bonjela, a gel specifically designed for topical application in the treatment of painful mouth conditions. Bonjela was subjected to a number of clinical trials in the treatment of infant teething syndrome. In one double-blind controlled trial, it gave excellent or good relief in 93 per cent of 29 infants, compared with only 30 per cent of 23 infants given a placebo gel(3).

In another double-blind controlled trial, the success rate for Bonjela was 96 per cent in 46 infants, compared with 60 per cent in 40 children receiving a placebo gel(2). The high success rate for Bonjela was confirmed in an uncontrolled trial in 48 infants, all of whom

were judged to have achieved excellent or good relief. This latter study was designed also to measure the speed with which relief became apparent following the application of Bonjela. Of 48 children, 40 were relieved in less than two minutes, 5 in three to five minutes and in only 3 did relief take longer than five minutes to appear(1).

This article has sought to dispel some of the myths that have surrounded teething throughout the ages. While teething is not a cause of true illness, there is no doubt that the majority of infants are likely to suffer some disturbance during its progress. Heroic measures such as lancing the gums and bleeding with leeches are certainly totally inappropriate but, until the advent of Bonjela, a logical, scientifically based, and *tested* therapy, was not available. As Dr R. M. Dawes has said "The medication (Bonjela) adequately fills a gap in the therapy of primary teething, and is safe in treating both simple and severe teething signs"(1).

## References

- (1) Dawes, R. M., *J. Louis St med Soc*, 1962, 114, 85
- (2) Palmer, L. E., *Ohio St med J*, 1962, 58, 434
- (3) Warmington, W. J., *Northw med*, 1962, 61, 930
- (4) Seward, M. H., *J Dent of Children*, 1972, 39, 178

## Cater for two sectors in baby pants

In the baby pants market LR/Sanitas believe it is important to cater for two quite distinct sectors—snap-on pants, the traditional variety, and pull-on pants which have grown in popularity with "modern mums" and are now the biggest sellers. The company says pull-on and tie-on pants are worth £3 million while sales of the snap-on variety top £1 million. With consumers becoming increasingly price conscious, pull-on pants have grown at the faster rate.

The Marigold threesome consists of three pull-on pants packed in a polythene wallet (one dozen packs to a carton). The pants, in large and extra large sizes, are made from PVC with welded seams and are generously cut to fit over terry towelling nappies.

Marigold Snappies are claimed to be brand leaders in the snap-on sector. They come in four sizes (large and extra large account for 67 per cent of all

sales). Made from soft white PVC, they have an adjustable waistband and the press-stud fasteners secure the pants firmly but allow complete leg freedom. LR/Sanitas Ltd, Sanitas House, Stockwell Green, London SW9 8HR.

## A 'stop the sugar dummies' campaign

A South Wales health authority, south Glamorgan, has launched a campaign to persuade mothers not to use "sugar" dummies. The organisers realise that it would be impossible to discourage totally the use of dummies because sometimes a crying baby can be pacified only by being given something to suck. The aim of the campaign is to make sure that the "something" is a clean dummy or rusk and not a dummy filled with or dipped in syrup or honey. Leaflets and posters showing how a baby's teeth can be damaged by constant contact with sugary substances have been sent to pharmacists, doctors, dentists, and community nurses etc.





## CHEMISTS GAIN IS IN BABYFOOD

The Government has been predicting a rise in the birth rate for the past four or five years and at last it appears to be happening. The Government's prediction possibly ignored the inhibitory impact of economic pressure—such bogys as wage restraints and inflation. The babycare market is one of the few in which chemists have had a growing share and the increase in the birth rate should be a further help.

A significant part of this increase in market share can probably be attributed to Boots setting up their Babyboots in 1970 when a lot of shelf space and in some instances whole premises were devoted to baby products. But independent chemists have also benefited from the growing association in the mothers' mind of babycare with chemists.

The babyfood market alone, excluding milks and cereals is valued at £30m by Gerber, £28m to £30m by Heinz and £25m by Cow & Gate. Robinsons place it lower at £18.7m. Independent chemists now have 22 per cent of this babyfood market, grocers 53 per cent and Boots 25 per cent, according to Cow & Gate. Gerber estimate that independent chemists have increased their share of the market by 20 per cent over the past year and Robinsons say this extra business has been taken from the grocer.

### Voluntary groups

Bill Duncan, sales director for Gerber, says that a lot of the credit to this revival of the independents' business must go to the aggressive campaigning of chemists' voluntary groups plus the fact that many of the grocers multiples are closing their smaller neighbourhood shops so as to concentrate their resources on the High Street and on hypermarket and superstore development. Cow & Gate attribute the increase in business to the more aggressive professional approach to marketing by the independents. Chemists have realised the value of promotion displays and many premises have been converted in the past few years to the open plan look. Cow & Gate think this is a healthy sign and encourage chemists to get back into what has always been their traditional field.

Bill Wilson, marketing manager for Heinz, says the larger chemists need to stock two brands whereas the smaller chemists should stock 60 to 70 varieties of Heinz and then, if space permits, look at the number two brand. Market research done by Heinz shows that the mother shops for meal occasions rather

than for the day's meals. She tends to stock up for say, breakfasts and therefore would like to be presented with a reasonable choice. Gerber say that stocking both the leading brands will increase the number of customers, increase their purchases in the store and win their long term loyalty as customers do their personal shopping.

Brand shares of baby foods as defined by the manufacturers are:

*Heinz* (based on RSGB baby panel figures) Heinz 64, Gerber 11-12, Cow & Gate 6-7 and dried foods 19.

*Cow & Gate* (independent chemists only) Heinz 53, Cow & Gate 21, Robinsons 19 and Gerber 7.

*Robinsons* say they have a 29 per cent share in the independent chemists.

*Gerber* (based on outlets stocking a comprehensive range of baby foods, sterling value): Gerber 20, Heinz 33, Robinson 33 and Cow & Gate 13.

### Keep it simple

Both Heinz and Gerber appear to agree that marketing of babyfoods should be kept simple. Shelves that are clearly labelled (with the stock in the right place) and at a convenient height are probably the greatest help to a busy mother. Heinz say their sales force can help the retailer decide which varieties to stock as there are regional differences. Apparently their strained carrots is one of the most popular varieties in Scotland. All Gerber products are packed in dozens in shrink-wrapped trays, making for quick and easy on-shelf merchandising.

On advertising, Bill Wilson, for Heinz, thinks the message to mothers should be "Relax—enjoy your baby". If the advertising gets too technical and too educa-



tional mothers tend to switch off and absorb nothing in the advertisement. This may be changed when the present generation of schoolchildren become mothers because they will all have a basic education in human biology and will probably want to know "why this" and "why not that". Heinz are planning to spend £200,000 on media advertising, a 40 per cent increase on last year, plus consumer promotions bringing the figures up to about £½ million. Gerber will be spending £230,000 on full colour advertisements in specialist mother and baby publications.

### Rusks on TV

The television advertising campaign for Farley's rusks represents part of the £400,000 with which Farley Health Products, is supporting rusks this year. The commercial features the theme "Watch them grow up on Farley's", and emphasises the dual wet and dry usage of Farley's rusks.

The TV campaign will be featured in Midlands, Lancashire, Tyne Tees & Yorkshire, Wales and West, Southern, Anglia, Westward, Ulster and Border areas. Rusks will continue to be advertised in the major baby books and specialist motherhood Press. *Farley Health Products Ltd, Torr Lane, Plymouth PL3 5UA.*

### Free animal puppets

Two animal finger puppets are offered free to customers with any product in the Maws baby and infant toiletry range in a special promotion starting this month. Maws recently repackaged their toiletry range, featuring animal illustrations of Percy the snail, Harry the tortoise and others. Now they are merchandising the animals they created.

A two-part, full-colour mobile depicting the six animals in a country scene of rainbows, trees and flowers, is available to the trade to back up the promotion. A heavy advertising campaign in women's magazines including *Mother and Baby*, *Parents* and *Mother* will run concurrently with the special offer.

Tony Grayling, product manager for Maws, says: "We knew we had picked a winner but even so the demand from mothers and children for copies of the Maws animals has astounded us. There are two finger puppets free with each of the four products in the toiletry range—shampoo, bathcare, lotion and powder. Maws value for money means a mother can collect the set of six animal finger puppets for her child without breaking the bank!" *Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey.*

### T & R advertising

Thornton and Ross are regularly advertising three of their babycare products (Zoflora, Bansor and Cetrimax) in *Mother & Baby*, *Parents* and *Mother*. *Thornton & Ross Ltd, Linthwaite, Huddersfield.*



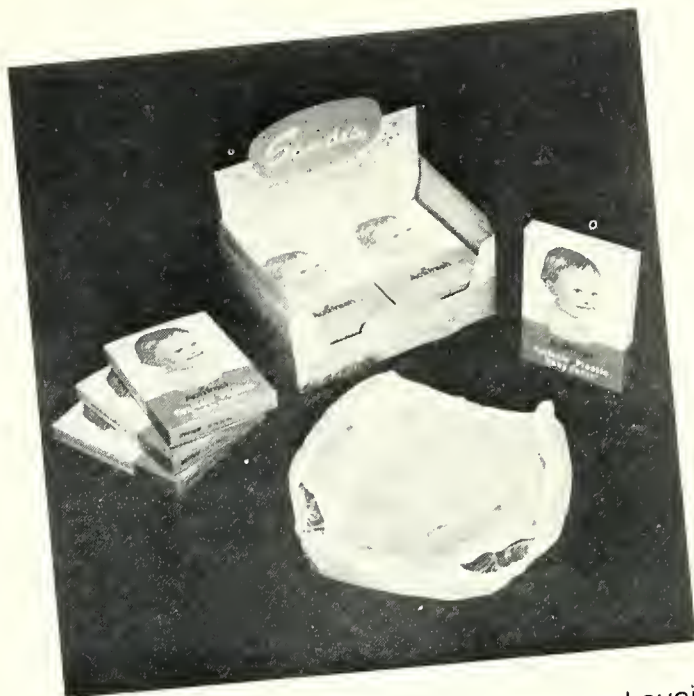


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# 'Cannon' babysafe

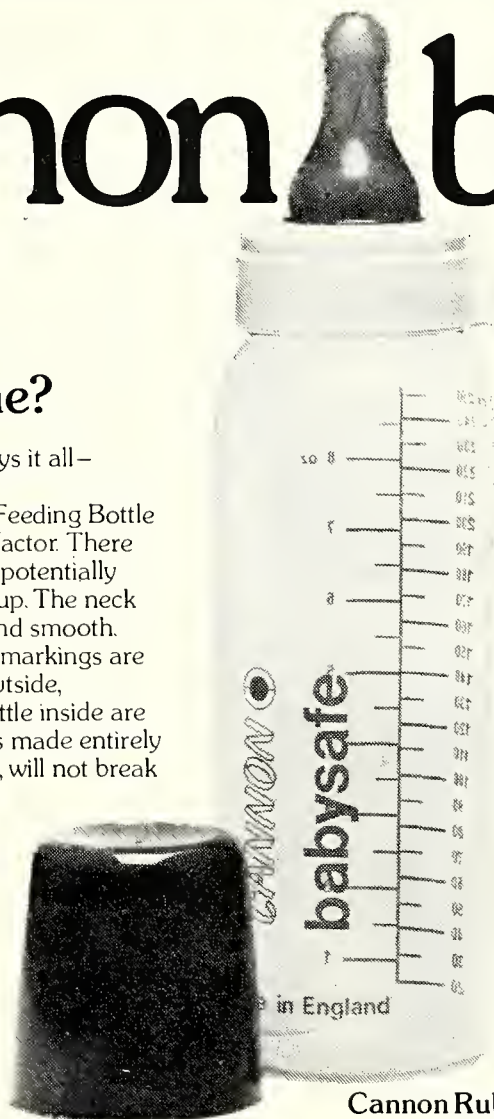
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Cannon Babysafe products are distributed in the U.K. by  
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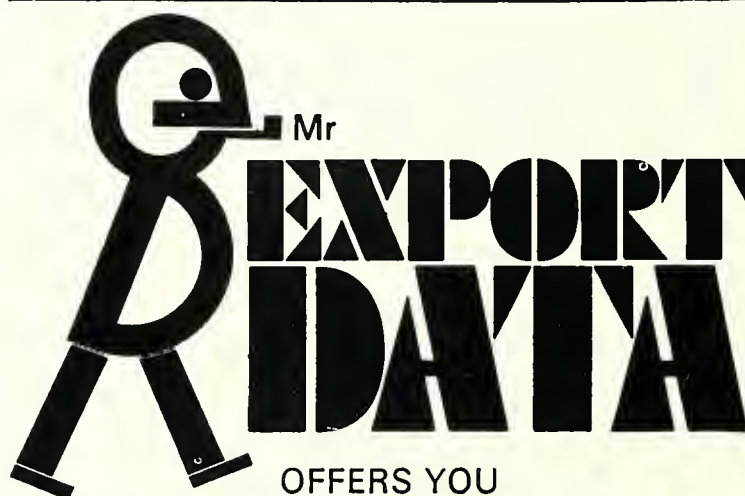
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# Babycare

## From here to maternity

Prenatol cream (£1.40) is intended to help prevent stretch marks during pregnancy. It is estimated that, at any one time, over 700,000 women in the country are pregnant. Of these, an average of over 80 per cent will, after the baby is born, suffer in some degree from unsightly stretch marks on their stomachs, breasts or thighs.

Stretch marks are caused by the amino acid content of the skin falling during pregnancy leaving the skin collagen deficient and weakened and thus prone to losing some of its natural elasticity. Prenatol is non-greasy, quickly absorbed and non-staining.

According to A. H. Robins Co Ltd, manufacturers of Prenatol, the disadvantages of traditional methods of preventing stretch marks, such as olive oil, are that oils, which are occlusive, form a barrier over the skin which prevents it from breathing and can cause discomfort and itching. Prenatol is non occlusive.

For best results, it is recommended that use of Prenatol should start as early as possible during pregnancy and continue until two months after the baby is born. Average consumption is three



to four jars per pregnancy, one jar lasting for 6 to 8 weeks.

Extensive sampling is carried out amongst pregnant women and through midwives and health visitors. During 1978, consumer advertising will include insertions in *Maternity and Mothercare*, *Having a Baby* (annual), *You and Your Baby*, Part 1 (annual), *Woman* and *Woman's Own* and professional journals such as *Midwives Chronicle* and *Health Visitor*. Prenatol is packed in outers of twelve. A. H. Robins Co Ltd, Redkirk Way, Horsham, W. Sussex.

## Carminatives £1.4m retail sales

According to LR/Sanitas, the total carminative market is worth retail sales of £1.4 million, one-half of which are through chemists. Their Woodward's gripe water, they claim, is the biggest seller.

In 1977 the brand spent over £40,000 on advertising in women's magazines such as *Woman's Realm*, *My Weekly* and the specialist baby Press. This year the company will be spending a similar amount in specialist baby magazines such as *Parents*, *Mother*, and *Mother & Baby*.

Baby creams are also a substantial market worth around £3.2m with 80 per cent of sales through chemists, LR/Sanitas say.

## Squeaky towelling bib

Trimster have launched a bib with a squeak in it. The bib is made of 100 per cent cotton towelling with assorted colour bindings and a choice of four different designs embroidered on the front—leaping puppy, cat with umbrella, rabbit and mouse. The "squeak" is in a thin waterproof squeaker welded to the underside of the bib. The bib (£0.99) is individually wrapped and is washable. The Trimster display stand (5ft high, 21in wide, 14in deep) can hold about £12

worth of Trimster Stock—baby pants, bibs, aprons, nappies, nappy liners and stretch suits. Trimster Co Ltd, Portland Road, Dorking, Surrey.

## Matey research shows high usage

More than half of all mothers of children aged between two and 12 years old now buy Matey children's bath additive on a regular basis, according to recent research carried out by manufacturers Nicholas Laboratories. The same research also shows that usage of Matey continues at a high level even into the older end of the target age group—it is estimated that about one-third of all children aged eight to 12 years are Matey users. Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks.

*Tinies on the move—first of a series of four free leaflets published by the Disposable Nappy Information Service. Sponsored by Robinsons of Chesterfield*



## Milupa fastest growth in chemists' milks

Latest surveys show Milupa infant foods as the fastest growing range sold through chemists, the company says. The three new varieties of Milupa infant foods, introduced three months ago, have increased Milupa's share of the baby food market.

With the establishment of Milumil, the trend has been for mothers to start using Milumil and follow on with the infant foods. This is having the effect of increasing sales through the range. The company says plain rice cereal is being recommended by the medical profession as suitable for children with lactose intolerance or gluten sensitivity and therefore suggests chemists stock it.

A good response to sampling is indicated by the number of mothers returning cards and Milupa will continue to keep this method as one of their major promotions. Others include the sponsoring of Butlins baby shows. Milupa Ltd expect the further growth of granulated products to be encouraged by the rising cost of milk prices. Milupa Ltd, Milupa House, Lyons Estate, High Road, Cowley Peachey, Uxbridge, Middlesex.

## Childhood illness symptoms chart

An advisory chart on the symptoms and treatment of common childhood illness and promoting Angiers junior aspirin, is designed for wall hanging. It covers the more common infectious illnesses including measles, German measles, whooping cough, mumps and chicken pox, using cartoons. The chart is available free from the public relations department, Bristol Myers Co Ltd, Stanford House, Station Road, Langley, Slough SL3 6EB.

## Milton on TV

Two television commercials from Milton—one for Milton sterilising crystals and the other for Milgard baby cleansing milk are now being seen in 75 per cent of the United Kingdom. The advertisements are shown in the afternoons and the campaign will run throughout the year. Richardson Merrell Ltd, 20 Queensmere, Slough, Berks SL1 1LA.



## BREAST IS BEST

### A new look at feeding

by Penny Stanway, MB, BS, LRCP, MRCS

It's high time we took a new look at breast feeding. Why? Because in spite of a recommendation by the DHSS in 1974, based on the advice of a panel of experts in paediatrics and nutrition, that babies should be breast fed for "a minimum of two weeks and *preferably for the first four to six months*" (my italics), the majority of babies in this country are still not breast fed *at all*, let alone for half of their first year of life.

While most doctors and nurses pay lip service to the promotion of breast feeding, on average only 40-60 per cent of mothers are breast feeding their babies when they leave hospital. This means that one out of every two mothers either has not been told about the merits of breast milk for the baby, has been told but has chosen to bottle feed for reasons of her own, or has tried to breast feed but has been unsuccessful. A month after childbirth, a third of breast feeding mothers has given up, which means that only between 30 and 40 per cent of babies are being breast fed at four weeks of age. A far cry from the government's recommendation!

But surely, you may say, there is no difference between breast milk and the modified cows' milk preparations now available? There are, in fact, many differences, and whilst many of them may yet be overcome by babymilk manufacturers, we would all do well to remember that for the baby, breast milk is undoubtedly best.

#### Advantages

For years the advantages of breast milk have been summed up to student doctors and nurses as follows: (1) it's at the right temperature; (2) it contains exactly what a baby needs; (3) it's bacteria-free; (4) it comes in such cute containers; and (5) the cat can't get at it! With this level of teaching, it's small wonder that many of the professionals responsible for advising mothers have made such a bad job of it. Let's take a look at the advantages of breast feeding.

Firstly, breast milk is the perfect food for the baby as it contains the perfect constituents in the perfect proportions. Certainly the modification of cows' milk has meant the preparations available for bottle-fed babies today approach breast milk in gross terms, but if we look at the various groups of constituents in the two milks in more detail, many of them are seen to be quite different both in structure and in function. For example, bo-

vine proteins form tougher, bulkier curds in the baby's stomach and so digestion takes longer than that of breast milk proteins. A good deal of the bovine protein is unused and so passed out in the stools, making the bottle-fed baby's stools bulkier than those of the breast-fed baby.

Much more important, however, is the fact that the protein fraction of breast milk contains antibodies against illness that the mother has either had or has been immunised against. These antibodies are much more important than was once thought and are present in especially large amounts in colostrum. Not only do they protect the baby from all kinds of bacterial, viral and fungal infections but they are also thought to prevent the passage of large molecules of foreign substances (eg cows' milk protein) through the intestinal wall into the bloodstream. As foreign proteins in the blood can initiate a future allergic response in susceptible people, breast milk therefore gives protection against the development of eczema, asthma and hay fever, not to mention such intestinal allergic manifestations such as diarrhoea and bleeding.

#### Antibodies for cows

Of course, modified cows' milk contains antibodies but these are antibodies against cows' diseases and in any case, by the time the milk gets to the baby, the antibodies have been well and truly denatured by processing and so are useless. It's worth pondering on the fact that farmers actually buy colostrum for their calves to protect them from certain forms of enteritis, whereas one-in-two human babies is denied even colostrum.

We could go on to examine the minerals, vitamins, fats, carbohydrates, hormones, anti-infective factors and water in milk, but that has been done many times before and leaves us firmly with the conclusion that breast is best. We could discuss the superior mother-infant bonding in the breast feeding couple. We could talk about the economic benefits of breast feeding to the community—especially important in the third world. We could mention the under-rated contraceptive role of natural breast feeding. We could discuss the convenience of breast feeding to the mother. We could talk at length about the reduction in incidence in breast-fed babies not only of allergy (seven-fold less than in bottle fed babies) but also of obesity, tooth decay, infection, cot death, intussusception, constipation,

ulcerative colitis, coeliac disease and last, but by no means least, the reduction in incidence of degenerative arterial changes in the adult who was breast fed as a baby. We could talk about all these fascinating facts, but we won't—they are all dealt with at greater length than is possible here in our book "Breast is Best", just published by Pan.

Of far more practical use is a discussion about why babies are not being breast fed. One of the main factors is that pregnant women are not being given the right advice. In one large survey, only one-in-four women had been positively advised to breast feed. In another, 81 per cent of women had received no encouragement whatsoever to breast feed! Obviously, the professionals responsible for ante-natal counselling must think again about what they should be saying. Women must, of course, make the final decision for themselves, and they are inevitably influenced by factors other than what is best for the baby. Surely, though, they deserve up-to-date information as to why breast is best, no watered-down advice, or, even worse, no positive advice at all.

#### Breast feeding and drugs

Of especial relevance to pharmacists is the breast feeding mother and drugs. Virtually every drug taken by the mother passes into her breast milk, though some reach much higher concentrations than others; some are actually present in breast milk in higher concentrations in her blood. While the large majority are harmless to the baby, others can cause problems and in a few cases the mother should avoid breast feeding.

While it is impossible here, for reasons of space, to discuss fully which drugs are safe and which not, we'll just mention that the mother on cytotoxic drugs, radio-active isotopes, steroids (until further work is done), chloramphenicol, carbamazepine, sulphonamides, novobiocin, cotrimoxazole, tetracyclines, nalidixic acid, bromides, ergot-containing drugs, atropine or dihydrotachysterol should either not feed her baby herself or should be taken off the drug if possible and another one substituted which is known to be safe. Mothers on anti thyroid drugs, anticoagulants and oral contraceptives should be advised by their doctors, though in each case it is possible with the right help to continue breast feeding. The breast feeding mother should avoid nicotine, which might reduce her milk supply, and alcohol in large amounts for the same reason. Penicillin may cause sensitivity reactions in the baby and aspirin may cause rashes and gastro-intestinal side effects if taken in large doses. Laxatives containing 1,8-dihydroxyanthraquinone have a laxative effect on the baby.

The reason many professionals give for not advising women to breast feed is that as a number of women are physically unable to produce enough milk, it is morally wrong to tell everyone that breast is best in case these women feel guilty

*Concluded opposite*





The new, improved Babettes nappy pant is being offered at a special price to the consumer from March 6 and flashed packs will be available in small, medium, large and extra large sizes. The new pants have a cotton covered elastic which produces a much stronger weld, and should give the pants a longer lease of life. A foam insert around the legs helps prevent leakage

Concluded from opposite

about their failure. This tortuous argument is hopelessly outdated as we know that not only can almost every woman feed her baby perfectly well but also that women who fail nearly always do so because of bad advice on how to breast feed. What indictment of professional care! But, sadly, true.

The average woman today has her baby taken away from her after delivery. She may be shown the baby for a short while but soon he is taken away to the nursery while she is encouraged to sleep. Meanwhile the baby is fed on water, sugar water or cows' milk. When she wakes and when the allotted feeding time comes round, the baby is brought to her for a feed. "One minute a side, dear, and wash your nipples first with soap and water", is the standard advice. During the first week, feeding times are gradually increased and the baby brought to her every four hours, except at night, when he is kept in the nursery and bottle fed to allow his mother a night's rest.

On discharge from hospital, she is likely to be feeding him ten minutes a side every four hours, except at night, and her baby is likely to cry a lot and to be slow in regaining his birthweight. She is probably suffering not only from engorgement but also from excruciating nipple soreness and, not surprisingly, a few days after getting home she puts the baby on the bottle and asks her doctor how to dry up her already dwindling milk supply.

The lucky woman is given her newborn baby to feed on the delivery table and keeps him with her day and night, preferably in her bed, but failing that in a cot by her bedside. At the least whimper she feeds him for as long as he wants to suck, at one or both breasts, and if she is uncomfortably full, she puts him to the breast to relieve the fullness. She carries the baby with her much of the time and

# Disposable nappies — sales favour chemist

The overall disposable nappy market today has an estimated total value of £10 million in the United Kingdom, representing a £1½m expansion in the market during 1977. Robinsons of Chesterfield say that this increase has been achieved during a year when manufacturers have had to face difficult economic conditions. Lilia-White think that more working mothers and the awareness of the hours saved could be the reason for this up-surge in sales.

This increase in the market is good news for chemists—the trend during 1977 has been steadily in their favour. Chemists have had the highest sales of

when she returns home, the baby is never far from her. She continues to feed him on demand by night and day and suffers no engorgement. Any nipple soreness is coped with by changing the feeding position, keeping the nipples dry between feeds and by feeding frequently from one breast at a time. Her baby regains his birthweight fast and hardly cries at all. This lucky mother finds that her milk supply increases over the next few months, unlike that of the schedule feeding or "token" breast feeding mother, and that she can carry on feeding her baby for as long as he and she both want.

The lucky woman's method is the basis of the advice that mothers *should* be getting but unfortunately aren't, except in a few enlightened centres. This was the way most mothers fed their babies until early this century, and this is the only way to ensure that all the mothers who want to breast feed their babies can.

So, if a mother comes to *you* and says that her milk is drying up and she needs some advice on what sort of dried milk to give her baby, tell her to leave the packets on the shelf and go home! Tell her to feed her baby at least twice as often as she is doing, and more often than that if he cries between feeds. Tell her to let the baby suck for as long as he wants. Tell her to read about natural feeding, as few people are clued up enough nowadays to advise her. She should find that within 48 hours her milk supply will increase.

Don't knock the professionals, you may say. They're doing their best. They're not—I know because I once gave the same poor advice in surgery and in clinics. We know now what we should be saying to the mothers and the time has come to say it. Breast is best—there's no doubt about that—and we owe it to the next generation to help their mothers breast feed successfully.

Breast is Best, by Drs Penny and Andrew Stanway, is published by Pan (£0.80).

disposable nappies in two years, despite the decrease in high street independents.

Robinsons say that although Paddi pads went against the trend by increasing sales through grocers, Babettes have larger sales, in volume terms, through chemists than through grocers. Colgate Palmolive claim that the brand share for Curity Snugglers has increased steadily during 1977, achieving a 57 per cent value share and 30 per cent volume share of the total disposable market based on RSGB baby panel figures). Lilia-white say that although the sales of their Golden Babe Bambi nappies were 14 per cent down at the end of 1976, compared with 1975, in 1977 the situation improved with a gain of 24 per cent. Lilia-White add that distribution of Bambi has increased particularly through chemists where its brand share (in units) increased from 16.8 per cent to 20.7 per cent during the last 12 months. In fact, Lilia-White have already noted a 10 per cent increase in sales in January 1978.

Manufacturers intend to take advantage of this increased interest in disposable nappies. Colgate Palmolive are giving Curity Snugglers a £400,000 advertising boost for 1978. There is a new national television campaign plus a sampling operation of two "newborn" size nappies with a 20p money-off coupon which should reach 80 per cent by the Bounty baby parcel. The advertising will be strongly against terry towelling nappies. In addition to this advertising campaign a general interest and educational paper for mothers "Babycare News" is planned with a series of "Braintrusts on babycare."

## Mothers are choosy

Robinsons say mothers are very choosy about what they buy for babies but do not have the time to shop around. By providing a complete service the chemist gains a reliable source of sales. To assist this service Robinsons have special offers on Paddi pads, Babettes and related products. As well as the Fisher-Price activity centre offer with Paddi pads, a money-off offer is available on Paddi liners to the end of February. The offers are flashed on the pack, at least 6½p off the 50 pack and 13p off the 100 pack. There will also be a special trade discount offer of 7½ per cent, up to the end of March, on 50 and 100 packs of both Paddi and Debs cotton wool balls. Lilia-White are not planning any advertising to the consumer but intend, later in the year, to take part in major wholesale promotional activity which will result in lower prices for the mother.





# Wellcome

## INSULINS SERVICE

The Wellcome Insulins Service is designed to complement the wide range of high quality insulins available from Britain's largest insulin supplier. It is a service to all involved in the supply and use of insulin, including booklets and cards for patients, note pads, charts, help and advice for you.

Also remember, wholesalers throughout the country stock Wellcome\* Insulins—so supplies are always easily available.

\*TRADE MARK



**Wellcome**

Wellcome Medical Division  
The Wellcome Foundation Ltd.  
Berkhamsted, Herts

## Specify Wellcome Insulins



# Room for growth in men's toiletries

Although sales of men's toiletries appear to have increased during 1977, the Economist Intelligence Unit estimates in the latest issue of *Retail Business* that this is largely accounted for by inflation. Men's sales however have shown a volume growth in the past three years. A large proportion of men's toiletries are still bought by women—especially at Christmas, although the tendency for men to consider such products "cissy" is lessening.

The men's toiletries market is dominated by three manufacturers—Fabergé, Shulton and Avon. The substantial increase in Fabergé's share is due largely to the success of Brut 33—described as "a diluted version of the original, more expensive, up-market Brut". The shares of Avon and Shulton have both declined slightly in recent years—Denim,

launched by Elida Gibbs in 1976 achieved a 5 per cent of the market in that year, and all the Unicliffe brands, which had a 6 per cent share were bought by Coty and subsequently withdrawn.

Men's usage of deodorants and antiperspirants is estimated at 50 per cent against 75 per cent of women, and whereas 85 per cent of those women use a deodorant at least once a day only about six out of ten men follow a similar pattern (1976 IPC Cosmetics and Toiletries Survey).

The outlook for men's toiletries in general therefore is seen as "very bright". It is felt that the trade has withstood the years of income restraints and inflation very well and that there is still a lot of room for possible future expansion.

## Promotions will stress 'price-off'

With the arrival of the December promotional figures the "score" for 1977 can now be assessed. A sudden rush of promotions through the supermarkets, including Boots and Woolworths, might have sent the deficit against 1976 into single figures. In fact the sudden rush never took place and the open-to-all promotions during December 1977 fell by 8 per cent against December 1976, according to MS Surveys & Promotional Services Ltd.

Furthermore there were only nine tailored-to-fit promotions—the specialised campaigns which had proliferated in the supermarkets since June. None of the December tailoreds occurred in the five "chemist groups" of products. The table shows how the year ended for those five.

Taking the year as a whole, and excluding tailored promotions, there was

### Tailored promotions

Product group	December promotions	% Difference 1977-76
Baby foods	6	-31
Toiletries	136	+2
Cosmetics	21	+66
Hair preparations and shampoos	27	-28
All medicinal products	—	-69

a 12 per cent drop across all the product categories measured. Only four of the categories showed increases and two of them were in the chemist group. One of the remaining two might have had a chemist involvement, being designated "petfoods and accessory products." The other would have had none—cigarettes and tobacco.

It is a different story when we turn

to look at the rate at which new promotions came into the market and here again the tailoreds are excluded. Across all the product categories there was an increase of two per cent, an indication that the average duration of promotions had been clipped back compared with 1976. For the chemist group the variations were much more decisive and, in three categories more favourable.

	% Difference 1977-76
Baby foods	-29
Toiletries	+18
Cosmetics	+113
Hair preparations and shampoos	+14
All medicinal products	-57

As for the rate at which new products moved on to the market on the crest of promotions, the overall percentage increase is 45, with the chemist group performing like this:

	% Difference 1977-76
Baby foods	No change
Toiletries	+15
Cosmetics	+44
Hair preparations and shampoos	-8
All medicinal products	-29

Before publication of *Promotion 77* we can only venture predictions con-

cerning 1978—it is expected that the strength of the "tailored" attack will ease little; whereas it may slacken among the big supermarket chains, it is likely to be intensified among the symbol groups. Also the promotional role of the so-called "drug stores" who tend to be aggressive in promotional activity, will be sharply advanced. They are certainly engaging the serious attention of the

supermarket sector of the grocery trade.

One thing is definite concerning the nature of this year's promotional techniques: stress will continue to be placed upon price-off methods. Virtually every promotion can be expected to bear a "bargain" or "better-than-just-value-for-money" description.

	% Difference 1977-76
Reduced price offer	-12
Self liquidator	No change
Give away	-6
Contest	-9
Coupon	-29
Free mail-in	-8
Multi-pack	+6
Bonus offer	-65
New pack	+36
Banded pack	+14

## Chemists' December sales 21 pc up

Retail sales by chemists and photographic goods dealers were 21 per cent higher during December than in the same month the previous year, according to Department of Industry statistics. The new sales index for all chemists was 412 (1971=100) while that of all businesses was 316 an increase of 16 per cent. Independent chemists' and photographic dealers' sales rose 18 per cent to an index of 272 whereas independent retailers generally had a 13 per cent increase to 264.

## Sanpro price rise

Following the Price Commission's proposal to investigate price increases by Southalls (Birmingham) Ltd for sanitary protection and other hygiene products (*C&D*, January 28, p104) an overall average weighted increase of 1.03 per cent over the range has been allowed on the basis of safeguard regulations. Some items within the range, including Dr Whites sanitary towels and Lillets tampons, will not be increased.

## BPC amendments

The Council of the Pharmaceutical Society authorised the following amendments to the British Pharmaceutical Codex 1973.

**Page 471** Prepared storax—acid value: amend to "52 to 76"; saponification value: amend to "160 to 190"; loss on drying: delete the test.  
**Page 472** (Prepared storax) content of total balsamic acids: amend to "Not less than 28.5 per cent, determined by the method for benzoin (page 49)".  
**Page 621** Paraffin gauze dressing—introductory paragraph, line 3: for "with yellow soft paraffin" read "with yellow or white soft paraffin"; line 7: for "yellow" read "the"; line 9: delete "yellow"; line 11: delete "yellow"; description, line 4: for "yellow soft paraffin" read "yellow soft paraffin or white soft paraffin"; labelling, at the end of the statement add "when white soft paraffin has been used the label on the container should state that the dressing is prepared with white soft paraffin".  
**Page 653** (Effective December 1) vitamins A and D capsules, formula: amend the quantity of vitamin D to 400 units and the quantity of vitamin-A activity to 4000 units.  
**Page 654** (Effective December 1) vitamins A and D capsules content of vitamin A activity: for "3750 to 5250 units" read "3500 to 4700 units"; content of vitamin D: for "375 to 525 units" read "350 to 470 units"; vitamins capsules—dose: amend to "prophylactic, 1 capsule daily; therapeutic, 2 capsules daily".



# PHOTONOTES

## Ektra—a new Kodak name heralding 'shake-free' 110

A major hazard of 110 photography—camera shake—has been potentially overcome by the combination of a new range of cameras and a new high-speed colour negative film from Kodak. The company has also announced new-design instant cameras, new flash units for the Ektra and instant ranges—and a 10 per cent price reduction for instant print film.

The Ektra label will replace Instamatic for Kodak 110 cameras (Instamatic is retained for 126 cameras) and the new range comprises four models—two available next month and the top two in the range in May. The most noticeable design point is the hinged cover which forms an integral part of the camera. Not only does this protect the camera when not in use but, more importantly, it provides a handle during picture-taking helping to achieve steadier and sharper pictures.

While Ektra cameras sense for both Kodacolor II film and the new Kodacolor 400 film, there are advantages to be gained from using the latter as a general-purpose film for colour prints. The "400" cartridge automatically sets a shutter speed of 1/250th second in sunlight to virtually eliminate the risk of camera shake. And using 400 film in models 22, 32 and 52 considerably extends the scope of outdoor picture-taking under dull and cloudy conditions and indoors extends the effective range for flash pictures.

All Ektra cameras take either a vertical flash array or the new electronic Kodalux flash model 3, the shutter setting to 1/40th second when the flash is inserted. Other common features include convex shutter release button, one-stroke thumb slide film advance on base of camera, and metal wrist chain.

### The four models

The range starts with the Ektra 12 (£17.77) which has a 23mm meniscus f/11 lens of fixed focus (sharp from 4ft to infinity).

The Ektra 22 (£25.68) has a two-position weather-slider giving 1/40th second in the "dim" position. The lens is a fixed focus 25mm doublet, f/9.5, (sharp 4.2ft to infinity). A "bright" or "dim" weather symbol is visible in the viewfinder according to the setting used.

Third in the range will be the Tele-Ektra 32 (£32.61) which offers the choice of two f/11 lenses—one a normal 22mm lens of fixed focus, the other a 37mm tele-lens with two-position focus for close-ups (4-8ft) and distance shots (8ft to infinity). The correct focus position is set by means of a slider located on the top of the camera.

The bright-line frame changes accord-

ing to the lens selected and a symbol appears showing which is in use. On all three cameras the appropriate shutter speed is set by a combination of the film speed sensing mechanism, the dim/bright exposure control (except on model 12) or by insertion of the flash, as in the table:—

### Shutter speeds

	Kodacolor II	Kodacolor 400
"Bright" setting	1/125th	1/250th
"Dim" setting*	1/40th	1/40th
Flash	1/40th	1/40th

\*Not available on model 12

The Ektra 52 (£49.43½) has an elec-

tronically-controlled shutter (1/250 second to 5 seconds). It is equipped with a 25mm, f/9.5 fixed-focus doublet lens (sharp 4.2ft to infinity). In low light conditions requiring exposure times longer than 1/30th second, the bright-line frame in the viewfinder turns red, warning the user either to use flash or a firm support. During long exposures, the shutter release must be depressed until the re-appearance of the red light—indicating the closure of the shutter. A speed of 1/40 is set when flash is attached. The camera requires a 6-volt battery (Mallory 7H34 or equivalent).

### Low-price motorised 'instants'

Two inexpensive motorised Kodak instant cameras—the EK100 and EK200—superseding the manually-operated EK4 instant camera and the motorised EK6—will be launched in mid-April. The SRPs are £31.00 and £38.35 respectively.

The EK100 has a black-moulded front with a handsome leather grain vinyl padded insert. A bright metallic border surrounds the aluminium focus plate. The "zone focus" symbols are located beside the distance scale around the lens. Both models have an improved slower-speed motor requiring only one J battery, which will operate a minimum of ten Kodak PR10 films.

The EK200 features a hinged cover which protects the lens when the camera is not in use. The underside has a leather grain vinyl padded insert and



A new Ektra camera in the closed (left) and shooting (below) positions, with new 400 ASA film







New styling is a feature of 'instant' models EK100 and EK200

the cover a bright metallic trim. A battery check is located on the back. The EK100 and EK200 will be sold in see-through packs, each including camera, monograms, neckstrap, J-size 6-volt manganese alkaline battery, and instruction booklet. The EK2 is to be available in similar see-through pack.

#### New flash units

The Kodalux model 3 (£14.62) is a new electronic flash unit designed to give similar performance to a Flipflash bulb when used with the new range of Ektra cameras. It fits into the cameras' flash array socket and locks into a recess at the rear of the camera by means of a spring lever. Guide number is 16 (distance in metres) using Kodacolor II film and 32 using Kodacolor 400. Available in March.

Available in mid-April will be the Kodak instant flash, model B (£19.25), an electronic unit designed for Kodak instant camera range. It fits into the camera flash socket and is attached by means of a pressure clamp.

A quench cell reads the light reflected from the subject and automatically controls the flash intensity for shots between 3½ft and 12ft. The flash unit can also be used for fill-in flash pictures in daylight with automatic exposure control. A three-position lighten-darken control on the unit adjusts the picture brightness by one stop. Using exposure index 150 film the guide number is 27 (in metres). Four AA size batteries (supplied) give approximately 100 flashes; recycling time is around 10 seconds.

Finally, Kodak have announced a 10 per cent reduction in the price of their instant print film. The new SRP is £4.33 for a 10-exposure and £8.19 for the dual-pack to be re-introduced in April.

#### Trade backing

To back the above launches, Kodak are offering dealers a comprehensive programme of trade and consumer promotions, supported by national television

and Press advertising, point-of-sale material—and financial assistance with dealers' own local advertising. Dealers ordering a minimum number of Ektra cameras and model 3 flash for delivery between certain dates will qualify for an extra 5 per cent discount on each outfit.

A "£1-off" voucher (redeemable against model 3 flash) will be included with early deliveries of all models of Ektra cameras. Early purchasers will also be offered processing and printing of their first 12-exposure Kodacolor 400 film free of charge (the film must be returned for processing before the end of May).

Eastman Kodak have announced in Rochester, USA that a third new Kodak instant camera will be marketed there in August. The same month will also see the introduction in the USA of a new high-speed Kodak Ektachrome 400 film. Information on the marketing of this film in Europe is not yet available.

## especially for simple profits

No perfume. No colouring. No unnecessary additives.

If you've sold Simple Soap, you'll know how women welcome a little simple purity.

And now we're telling them about two new Simple skin care products.

Simple Cleansing Lotion;  
and Simple Moisturising Lotion.  
In the familiar brown  
and white Simple design.

The principle's the same for both.

No artificial frills,  
colouring or perfume to  
irritate sensitive skins.

Just pure, gentle skin care.

Test marketing has shown  
that the products are right:  
the packs are right:  
and the price is right.



## Simple things simply sell



# LETTERS

## Part III of little gain to pharmacy

The Parliamentary Under Secretary for Health, referring to the recent farce, is reported as saying that the profession approves the latest part of the Medicines Act. He did not specify which profession and it occurs to me that he may have been under the impression that pharmacists thought the new body-blow to them a good idea. Have our leaders again been too obliging, once more disregarding the aspirations of future pharmacists?

There is little doubt that the leaders of the veterinary profession will be well satisfied that none of the Act's restrictions apply to the retail-like sales and supplies from their own dispensaries (prescriptions being written generally only when they run out of stock). Furthermore, it seems to consolidate their position as a near monopoly for the supply of many veterinary preparations, a good proportion of which were until now available from any trader interested, including pharmacists. The farmers complained before that restricting some products to vets and pharmacists would be a disservice to them—what must they think now?

Dispensing doctor firms, too, especially those in town health centres, after getting pharmacists' leaders' blessing on the Clothier Committee to carry on, will be delighted about the new rules: They are not affected. The restrictions placed upon pharmacy to supply to the public, including testing, quality and labelling do not apply, and together with the non-legal requirement even to supervise untrained dispensers, they are on a good wicket. As one of my customers said to me prior to going to the far east on holiday: "No, I get all my medicines for the trip from our local dispensary, I can get anything I want from them and only 20p too—they are such darlings." No wonder the public want to retain such valuable facilities!

### Safety neglected

The principles of the Act when applied in most of the EEC countries will not seem to be quite so unfair to pharmacists there because medicines are not treated as items of commerce (as in England) and are found in pharmacies where they should be. It is unrealistic to apply the same rules here, with our primitive outlook to safety against poisons and medicines. Safety obviously has had scant attention as the decision to permit free-for-all analgesic sales shows. Surely even lay politicians at the Department of Health will know that sterile water, now prescription only, even when injected, is likely to be less dangerous than 25 aspirins picked off the grocer's shelf by a three-year-old. Is the Act

designed for public convenience then? Syringes I would have thought could have been restricted somehow, but that is likely to inconvenience sections of the community. More seriously, retail pharmacists, whether they like it or not, provide an important filter for the more trivial ailments, but with our armament reduced to that on the supermarket shelves practically, our value in providing effective remedies is now much diminished. Mind you, it will cut the costs to the patient, even those quite willing to pay; the State will take care of the increased costs to the NHS.

As for the emergency supplies relaxation, who on earth is prepared to tackle the absurd requirements to supply someone who has forgotten his digoxin, with three tablets. The rules do not even permit us to donate the things without going through the rigmarole. Have our leaders agreed to this? Have they told the Department that pharmacists, as professional people, actually benefit by this new legislation? If they have done, then it is time the Council issued a statement to say why.

Recent letters and notices have reminded us all that various elections are imminent, so it is opportune to consider more seriously than hitherto the calibre of our leaders, both nationally and locally, if pharmacy as a profession is not to sink further each year as one compromise after another is made on our behalf, but against our future prospects.

**P. M. W. Clarke**  
Dorchester

## Who agreed?

I was greatly relieved to see Parliament showing signs of commonsense by postponing the date of the introduction of the Medicines Act. Our thanks must certainly go wholeheartedly to Maureen Tomison and the Society's publicity department who have achieved such success in their campaign not only to bring such a ridiculous situation to the attention of Members of Parliament but also to obtain the desired result of postponement.

The success of this move contrasts sharply, I fear, with the new strictures the Act will impose upon us (not the supermarkets) and I should like to know which pharmacists, in consultation with the DHSS, sanctioned these changes.

**D. H. Firth**  
Aston, Sheffield

## Direct debit

I have just received an invitation to subscribe to a direct debit scheme offered with a list of attractions by a large supplier. In view of the problems that this method of painless debt collecting can entail, I would draw the attention of all concerned to the note on the subject reiterated in the Pink Supplement issued to members of the National Pharmaceutical Association in December last, and invite anyone offered this

apparently advantageous facility, to consider very carefully the implications and the warnings, before acceding to the request of any firm seeking to extend the practice.

**G. J. Hendra**  
Truro

## Council or PSNC?

I was amazed to read that Mr Baumber is not standing for re-election to the Council because he can only do justice to one post at a time and he believes that the most important work to be done lies with the PSNC.

I would not have the temerity to decide which the most important. I only know that both the Society and PSNC (and indeed every section of pharmacy) must pull together as never before if we are to achieve the recognition and professional status that must precede financial enhancement.

Pharmaceutical elections have also been free of blatant electioneering, if Mr Baumber wanted this changing he should have taken the necessary steps beforehand. Candidates for the PSNC have each been given the chance to make a statement of policy (limited to 500 words) to be enclosed with the voting papers. I do not wish to use your columns to make a further one, but must reply to one point.

I fully believe that one of the weaknesses of the PSNC has been that there have not been enough of the smaller working contractors upon it and a second pharmacist in each pharmacy might help more to stand for election. However, anyone who believes that it is possible to have two pharmacists in each pharmacy whatever the number of prescriptions dispensed, and to think that the Department will pay for this must be living in cloud cuckoo-land.

Finally, unlike Mr Baumber, I have not given up any other work as I am not one of the chosen ones—I cannot foretell the future and don't know who will be elected to the PSNC. I would earnestly ask, however, for everyone to vote in order that whoever is elected can have the confidence of his contractors behind him.

**Leslie Calvert**  
Leeds

## Forced altruism

Isn't it high time that the "swings and roundabouts" situation which currently obtains in respect of increases in prices of proprietary prescription "ethicals" is critically examined? We have another classic example of loss. I learned on February 6 of very substantial price increases in various Glaxo steroid topicals with effect from February 1. I had a visit on February 7 from a young Glaxo representative who had no information about the increases and had no knowledge of the pricing arrangements. He was, however, sympathetic—for which I was grateful.

So when my stock needs replenishing



during February I shall lose the following: Betnovate cream or ointment 15g 15½p per tube, 30g 27p per tube; Molivate 25g 35p per tube; Dermovate 25g 57p per tube; Betnovate lotion 18½p per unit.

I dispense reasonable amounts of all these products, so although I'm not normally an altruistic person, I have no choice—a pity!

**Frank Brean**  
London SE15

## Divisive speech

It is now nearly five months since the October conference. I was a delegate, and, together with many others, came away with the impression, that the conference had agreed to differential remuneration only on the understanding that new monies would be introduced.

It is therefore with some surprise that I read Bob Worby's speech at Cardiff last week. To accuse a contractor of wishing to commit "ritual suicide", and attacking the bigger groups because they are successful, is, in my opinion, exactly what the DHSS was hoping to see. It is bad enough that the Minister has already claimed for himself the credit for "saving" the small pharmacy, and redistribution of remuneration as if it were a gift, without devisive speeches by the chairman of the PSNC.

Although all contractors want more money, I am sure the larger dispensing contractors are prepared to allow any new money to go to the smaller contractors. But what has happened is that we have had a "claw-back", combined with a compulsory redistribution. In contrast to others, it would seem that we are being made to accept a "negative productivity bonus."

There is a fear that contractors will treat the forthcoming PSNC elections with apathy. Is it any wonder? Perhaps the time has come to see what joining a union can do for us. Perhaps the DHSS will then treat us with respect.

**R. Shear**  
London E7

## Bottle shortage

With reference to the probable use of imported bottles to meet the bottle shortage, is the Department going to pay the additional charges involved?

**J. C. Herd**  
Edinburgh

## Appreciated

Alas I am not renewing my subscription to the *C&D* this year. I have taken *C&D* since 1935 when I commenced business on my own account. All through the changing years of peace, war and the recent years of inflation the *C&D* has stood the test of time as a good friend. Now as I enter the period of retirement I must say goodbye, and at the same time wish you well for the future. My advice to all chemists is to make *C&D* their friend.

**M.G.K.**

# Coventry BP Conference programme details

Exhibition and early registration incentive are new features

The 115th British Pharmaceutical Conference is to be held at Warwick University, Coventry, from September 10-15, 1978. For the first time a pharmaceutical exhibition will be held concurrently and there is a prize draw incentive to register early.

Numbers attending recent conferences have risen making it important to return the application form as early as possible for a choice of accommodation, social functions and excursions. As a memento of the 100th anniversary of the Coventry and Warwickshire Branch a *Capo di Monti* figure depicting a pharmacist with his customer will be given to the member whose conference number is drawn at the "Midlands miscellany" on Thursday night. The first 500 registrations only will be put into the draw. The registration fee is £6 per full week or £2 per day. The provisional programme is as follows:

### Sunday

Registration 2 pm to 9 pm. *Evening*—Conference Club "Welcome to the Coventry conference".

### Monday

*Morning*—Opening ceremony; addresses by Lord Mayor; David Ennals, Secretary for Social Services; and Society's president; scientific address by Dr W. G. Thomas, chairman, conference science committee; exhibition opens. *Afternoon*—Science Award lecture, Dr A. C. Moffat, head of drugs and toxicology division, Home Office Research Establishment; science sessions; professional session, "The pharmacist's intervention and the doctor's response", speakers J. P. Kerr, Member of Council; Dr W. W. Fulton, medical secretary, Glasgow Local Medical Committee; excursions. *Evening*—Reception by president and science chairman; civic reception; conference club; skittle evening.

### Tuesday

*Morning*—Science sessions; professional session, "The consumer and the dispensed medicine", speakers W. A. Beanland, general practice pharmacist; J. Ward, head of social policy unit, National Consumer Council; science demonstrations; excursions. *Afternoon*—History of pharmacy session; science sessions; science demonstrations; excursions. *Evening*—Visit to Stratford-upon-Avon Memorial Theatre; canal trip with buffet supper; academic reception; conference club.

### Wednesday

*Morning*—Science sessions; professional session, "Preregistration experience: fitness to practise", speakers A. L.

Solomons, retail director, Savory and Moore Ltd; Professor M. R. W. Brown, Aston University; A. Stow, BPSA; D. R. Knowles, area pharmacist, Exeter Health Care District; excursions. *Afternoon*—Science discussion forum organised by Professor M. Rowland, Manchester University, "Bioinequivalence", Dr J. Swarbrick, Dean, School of Pharmacy London; Dr D. Ganderton, ICI Ltd; Dr G. Bryan, Middlesex Hospital; practice research session; golf competition; excursions. *Evening*—Visit to Belgrade Theatre, Coventry; banquet.

### Thursday

*Morning*—Harrison Memorial Lecture, "Pharmacy and the World Health Organisation special programme", Dr L. G. Goodwin, director of science, Zoological Society of London; excursion to West Midlands safari park and Severn Valley railway. *Evening*—"Midlands Miscellany".

### Friday

*Morning*—Symposium, "Self medication", speakers R. A. Wing, chairman, pharmaceutical division, Reckitt and Colman Ltd; Professor D. C. Morrell, professor of general practice, department of community medicine, St Thomas's Hospital medical school; excursions. *Afternoon*—Closing session. *Evening*—Conference ball.

Hotel accommodation is severely restricted and early booking is strongly recommended. Applicants wishing to stay in hotels are asked to return their forms by the end of May. Application forms will be sent in March to those who attended in 1976 and 1977. Further information is available from Mrs S. A. Henry, Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 1JN.

The exhibition will open from 12 midday—6 pm Monday and 10 am—6 pm Tuesday and Wednesday. The exhibits should include ethical products, proprietary medicines, surgical appliances, scientific and photographic equipment, wholesale services, publisher of scientific books, business services, cosmetics and shopfittings.

## More batches of Otoseptil recalled

Further to the recent recall of batches 19 and 17 of Otoseptil ear drops (*C&D*, January 28, p105) all batches up to and including 19 are now being recalled to avoid confusion. Napp Laboratories Ltd ask pharmacists to check stocks and return any packs which will be replaced.



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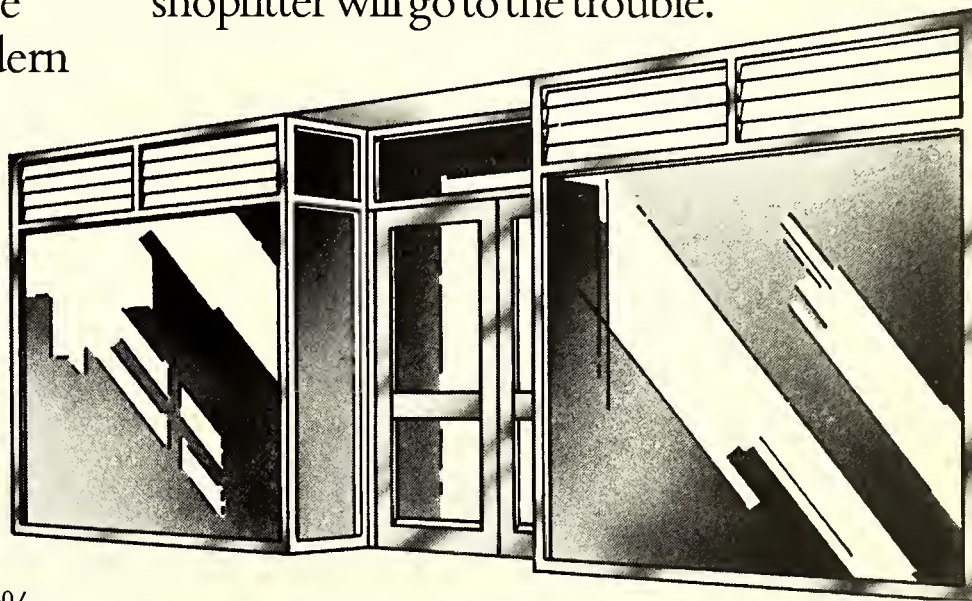
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# Premises ordered to be struck off after unqualified dispensing

The Pharmaceutical Society Statutory Committee has ordered the removal from the Register of a branch pharmacy after the managing director, himself struck off in 1974, dispensed prescriptions without qualified supervision.

At the hearing last week, Mr Josselyn Hill, for the Committee, said Mr Harvey Liberman, managing director, of H. E. Liberman Ltd, had had his name removed from the Register and was therefore unqualified to dispense. Mr Liberman and the company appeared before the Committee following a conviction at Camberwell Green magistrates court last May when he and his company admitted 10 charges under the Therapeutic Substances Act. The company pleaded guilty to a further three charges under the Medicines Act. Mr Liberman was fined £1,000 with 156 offences taken into account and the company fined £2,200.

Also before the Committee was the superintendent pharmacist, Mr Kenneth Knight, of Square Drive, Kingsley Green, Haslemere, Surrey, accused of carelessness in carrying out his duties.

The Committee ordered that the branch in the Barrett House shopping centre, Rumsey Road, Brixton, be closed down for one year. They postponed judgment on Mr Knight for 12 months.

Mr Hill said Mr Liberman and his company appeared in court because he dispensed 531 prescriptions during one week at the end of October 1976 without qualified supervision. "As a former pharmacist himself he must have been fully aware of the illegality of the situation" he added.

## Service urgently needed

Mr Liberman, of South Norwood Hill, South Norwood, expressed sincere apologies to the Committee for his serious error of judgment. "But my major consideration was to continue an urgently needed service because the shop is near a large health centre." He said the regular pharmacist had taken a week off and Mr Liberman tried to get a locum without success. He decided to keep the service going himself in the hope that a locum would become available. He agreed the service was illegal but the public had not suffered. It was a choice between his social and legal obligations. It would never happen again because the company now employed a reserve pharmacist.

Mr Knight said he joined the company only three months before the court case. It had taken him six months to get a grip on the company so that it was being run to his satisfaction. He tried to get a

locum for the Brixton branch. He was ill at the time but carried on working and Mr Liberman said he would arrange for a qualified replacement to take over.

The chairman, Sir Gordon Willmer, said Mr Liberman carried on the pharmacy in flat defiance of the law. "If that sort of behaviour by unqualified people became common it would make a mockery of the pharmaceutical profession." As an ex-member, Mr Liberman was virtually unassailable by the Society. He could only be attacked by punishing the company he runs. Although Mr Knight was at fault there were extenuating circumstances. "Quite clearly he was deceived by Mr Liberman into thinking a locum was being appointed," said Sir Gordon. The postponement of judgment would enable the Society to "keep an eye on the operation of the company," the chairman added.

## Judgment postponed

The Committee postponed judgment for 12 months on a pharmacist who was fined last year for unlawfully possessing a Controlled Drug and was given a conditional discharge for nine other offences under the Misuse of Drugs Act 1971. The pharmacist had admitted taking 30 amphetamines daily while under stress, but he had since transferred to a new job where his employers were satisfied with him. He would have to produce two testimonials at the next hearing.

## Reprimand after 'Joe Soap' records

Two Bootle chemists were reprimanded by the Committee for sales of Phensedyl. The two pharmacies were visited by a Society inspector after complaints from the police that two Birkenhead youths had become addicted to the mixture.

At one pharmacy the inspector found the record book contained names like "M. Mouse" and "Joe Soap"—signatures of the purchasers of Phensedyl.

Appearing separately before the Committee were Mr Frank Higham, 71, proprietor of a pharmacy in Stanley Road, Bootle, and Mr Clifford Harrison, superintendent pharmacist at T. Barker (Chemists) Ltd, in Marsh Lane, Bootle. Both were accused of misconduct by failing to exercise effective control of over-the-counter sales of a medicinal product, known to be abused.

Mr Hill said large quantities of medicine were sold over the counter between November 1976 and May 1977, at Mr Higham's pharmacy. "It was more than could be justified by the bronchitic nature of the area," he added.

He read out a statement by an assis-

tant in Mr Higham's pharmacy, who said she came to recognise several customers as regular buyers. Two of them signed the record book as "Joe Soap" and "M. Mouse" last May. She crossed these out and entered what she knew to be their correct names.

Mr Geoffrey Turnock, of Edgemoor Close, Birkenhead, said he had been taking the mixture for about five years, but was now cured of addiction. His brother had been an addict for about six years. Mr Turnock claimed he bought two bottles a day from Mr Higham's pharmacy over a three month period. He was usually served by one of the assistants and the sales were not always recorded. He had signed the record book with several false names. Whenever he was served by Mr Higham, probably two or three times a week, the sale was entered properly, but he said he was never asked at any time what he wanted the medicine for.

Mr Higham who had been running the Stanley Park Pharmacy since 1942 said he did not know that the medicine was being abused over his counter until the inspector's visit. He agreed he did not look in the record book very often. Most of the writing in the book appeared to be that of the customers themselves.

Administering a reprimand to Mr Higham, Sir Gordon said that having seen the list of people in his record book, it seemed almost incredible that he should not have known what was going on, but the Committee did not think it called for the removal of his name from the Register.

Mr Henry Littler, a Society inspector, said in Mr Harrison's sales book he found 325 entries for Phensedyl over a period of six months. He told Mr Harrison of Garthdale Road, Mossley Hill, Liverpool, that the picture he had gained from the sales book was of a group of several young men coming from a considerable distance to buy the mixture almost daily.

## Two gallons Phensedyl a month

Mr Harrison told the Committee that Bootle was a bronchitic and asthmatic area and the mixture was extensively prescribed by doctors—sometimes two gallons a month was used in the winter. But the mixture had now been overtaken by another similar medicine. Regretting that he had been lax in his control of sales, Mr Harrison said he had done everything humanly possible in supervision to guard against sales to addicts. He no longer sold the mixture. The chairman said Mr Harrison must be reprimanded.





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# COMPANY NEWS

## Willow aim for pharmacy market with new team

Mr Clive Manning has been appointed sales director of Willow Retail Proprietaries Ltd. His appointment coincides with the introduction of a new sales and marketing team. Two sales managers will look after a team of representatives covering England and Wales, there will be separate agents for Scotland, Ireland and the Channel Islands.

The company, whose perfumery and toiletry articles are aimed at the pharmacy market, say that their policy is to offer one product range to the trade every three months with a 100 per cent profit to the retailer. The normal margin on the recommended retail price they say, is never less than 75 per cent. Their range currently includes spray perfumes in six floral fragrances, the L'Evita range (see last week p181), emery boards and Terivite. A number of new product ranges are to be launched in the forthcoming months.

## William Ransom profit up 25 pc in first half

Turnover of William Ransom & Son Ltd in the half year to September 30, 1977, was £1,223,000, an increase of 38 per cent over the £884,500 achieved in the same period of 1977. Pre-tax profit amounted to £232,000 compared with £185,000, a rise of 25 per cent.

In the interim report the chairman states that turnover has continued at a satisfactory level, and the profit in the second half of the year is expected to be similar to the same period last year.

## Dutch cartel ended

Pharmaceutische Handelsconventie, the Dutch cartel which controlled the marketing of pharmaceuticals in Holland, has been terminated after intervention by the European Commission, according to a report in *The Times*. The Commission considered that the cartel infringed EEC competition rules and shielded the market to the detriment of the consumer.

In particular, the buying and selling arrangements restricted competition between manufacturers, importers and dealers. The Commission also objected to the resale price maintenance imposed on members in respect of all products, including imports.

## NCR profit record

World-wide turnover of NCR Corporation in 1977 totalled \$2,521m, an increase of 9 per cent over the 1976 figure. The net profit was \$143.6m, about 50

per cent above the previous year. Both sales and profit broke previous records.

The chairman, Mr W. S. Anderson, said the principal factor in the improvement was the increased profitability of the company's operations in the USA, but international earnings had also shown a marked improvement. The trend was expected to continue.

## Allegheny to limit holding in Wilkinson

The terms under which Wilkinson Match are to take over True Temper, a subsidiary of Allegheny Ludlum Industries, the Pittsburgh-based steel company (*C&D*, January 7, p26), have been revised. As a result, assuming the new terms are approved by shareholders, Allegheny will own 44.4 per cent of Wilkinson shares, instead of the 51 per cent originally intended.

In the earlier negotiations Allegheny had stated they were only interested in selling True Temper if they gained overall control of Wilkinson Match. Later, however, they moved from this position and have now undertaken not to increase their holding of Wilkinson Match shares above 45 per cent without making an offer for all the shares.

## Pharmaceutical sales by Astra up 16pc

Total sales of Astra Group in 1977 amounted to \$376m, an increase of 18 per cent over the previous year, and the net profit per share was \$3.64 compared with \$3.21. Sales of individual divisions were pharmaceutical \$273m (up 16 per cent), chemical products \$65m (up 14 per cent), Varia \$38m (up 32 per cent).

Pharmaceutical sales in Sweden rose 10 per cent to \$105m, while sales outside Sweden increased 20 per cent with especially rapid growth in Australia, Brazil, Mexico, the UK and West Germany. All the pharmaceutical product groups developed well, and satisfactory progress is reported for three recently introduced products: the cardiovascular drug Seloken, the anti-asthma agent Bricanyl, and the semi-synthetic penicillin Penglobe.

### Briefly

**Trafalgar Watch Co Ltd** have entered a tripartite marketing venture in Germany under which Willie Sommerlad GMBH will act as Trafalgar's distribution and servicing centre and Dr Jean C. Kellner has been appointed Trafalgar's representative for Europe, operating initially in Germany.

**The Distributive Industry Training Board** are closing down their area office at 10 Greyfriars, Leicester, on February 28, and are to open a new office at the following address on March 1: 6 Frederick Street, Wigston, Leicestershire LE8 1PJ (Telephone Leicester (0533) 889371). A new area manager, Mr Denis Malone, has been appointed and will take up his duties the following month.

# APPOINTMENTS



Miss M. Donnelly, Cahill May Roberts

**Norgine Ltd:** Mr Owen McRedith, MPharm, MPS, has been elected to the board as marketing director.

**Bristol-Myers Co Ltd:** Mr Peter Barton has been promoted to marketing manager of the retail division and will be responsible for both Bristol-Myers and Clairol brands.

**Shulton (Great Britain) Ltd:** Mr Trevor Henzell has been appointed director of the overseas division. He was previously export manager for the non-European territories. Gala Cosmetic Group Ltd.

**Cahill May Roberts:** Miss Marie C. Donnelly, BSc (Pharm), MPSI, has been appointed marketing executive. She was previously a quality controller with Leo Laboratories Ltd and more recently worked in community pharmacy.

**Ashe Laboratories Ltd:** Lindy Sayle-Creer becomes dietary and health food product manager. She was previously a product manager with Elizabeth Arden, but started her career in market research with ICI Pharmaceuticals.

**GTE Sylvania Ltd:** Mr Martyn Brunger has been appointed photographic division sales manager. For the past three years he has been field sales manager with a major distributor of photographic accessories.

**Unichem Ltd** have appointed two new area representatives. Mrs Madeleine Griffin will operate from the Croydon branch and will cover Berkshire, Hampshire and west Sussex, and Mr Dick Langrish will cover the midlands area from the Nuneaton branch.

**Scholl (UK) Ltd:** Mr Charles C. Harrison, who joined the company in 1955, has been appointed production director, after serving as production manager since 1966. Mr Leonard C. Lowth is now technical director. He joined the company in 1932 and became chief engineer in 1952. Mr Ray E. Thomas has been appointed marketing director. He joined Scholl in 1959 and was promoted to general sales manager last year.



# MARKET NEWS

## In the doldrums

London, February 15: With the Chinese New Year holiday coupled with pre-Lenten carnivals taking place in Europe and South America, trading was almost at a standstill during the past week. It was, therefore, difficult to establish market prices other than repeat previous asking rates.

Among crude drugs new-crop Alexandria senna pods are now arriving; hand-picked are offered from £2 kg upwards according to quality. North American botanicals continued firm reflecting the shortage of available material. Canada balsam, sarsaparilla, tonquin beans and witch-hazel leaves, however, were lower. Also down were lemon peel and gentian root. The balsams, Peru, copaiba and tolu, together with aloes, cascara, cherry bark and hydrastis were dearer. Gums such as myrrh and acacia are scarce because of the war in the Ogaden. Brazilian menthol was marked up on the spot to bring it more in line with replacement costs than it has been recently.

Lower in essential oils were camphor white, clove leaf and Chinese citronella. Mysore sandalwood was traded at £54 kg (down £1). Chinese eucalyptus was firmer.

There were no changes in pharmaceutical chemicals but sodium bicarbonate is likely to go up by £7.50 metric ton in April.

## Pharmaceutical chemicals

**Amylobarbitone:** Less than 100-kg lots £10.57 kg; sodium £11.71.  
**Ascorbic acid:** (Per kg) £6.94; 5 kg £5.94; 25-kg £5.44 sodium ascorbate, as for the acid; coated, £7.14, £6.14, £5.64 respectively. Calcium ascorbate £7.49, £6.49, £5.99 respectively for same quantities. Biotin: Crystals £6.66g; £4.91g in 50-g lots.  
**Brucine sulphate:** £45.00 kg.  
**Butabarbital:** Acid and sodium £16 kg for 50-kg.  
**Butobarbitone:** Less than 100 kg £13.70 per kg.  
**Calamine:** BP £618 per 1,000-kg delivered.  
**Calcium carbonate:** BP light £135 metric ton.  
**Calcium chloride:** BP anhydrous 96/98% £0.93 kg in 50-kg lots of powder; granular £0.95; hexahydrate crystals BP 1968 £0.68.  
**Calcium gluconate:** £1,420 per metric ton.  
**Calcium lactate:** 100-kg lots £1.25 kg.  
**Calcium pantothenate:** £7.29 in 25-kg lots.  
**Carotene:** Suspension £30.95 kg; 5-kg £29.95 kg.  
**Chloroform:** BP £423 to £445 per metric ton according to drum size. In 2-litre bottle £2.48 each; 500-ml bottle £1.00 each.  
**Cyanocobalamin:** £3.39 g; £2.39 g in 100-g lots.  
**Cyclobarbitone:** Calcium £15.39 kg in 25-kg lots.  
**Dexpantenol:** (Per kg) £11.61; 5-kg £10.61.  
**Dextromethorphan:** £156.20 kg; £155.20 kg in 5-kg.  
**Dihydrocodeine bitartrate:** £535 kg in 20-kg lots; Subject to Misuse of Drugs Regulations.  
**Folic acid:** (kg) £43.34; 5-kg £42.34; 25-kg £41.84.  
**Methadone hydrochloride:** Subject to Misuse of Drugs Regulations, £1.33 per 5-g.  
**Nicotinamide:** (kg) £5.71; £4.71 (5-kg); £3.96 (50-kg).  
**Nicotinic acid:** £5.71 kg; £3.96 kg in 50-kg lots.  
**Opiates:** (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £638 to £653 as to maker; hydrochloride £488-£562; phosphate £490-£499; sulphate £562. Diamorphine alkaloid £764; hydrochloride £696. Ethylmorphine hydrochloride £623-£639. Morphine alkaloid £709.50-£722, hydrochloride and sulphate £579-£589.  
**Papaveretum:** £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.  
**Pentobarbitone:** Less than 100-kg £16.35 kg; sodium £16.31.  
**Pethidine hydrochloride:** Less than 10-kg lots £39.64-£41.64 kg. Subject to Misuse of Drugs Regulations.  
**Potassium sodium tartrate:** £797 per metric ton.  
**Pyridoxine:** £26.01 kg; £25.01 (in 5-kg); £24.01 (20-kg).  
**Quinalbarbitone:** Base and sodium in 25-kg lots £16.62 kg.

**Riboflavin:** (Per kg) £29.27; 5-kg lots £28.27; 25-kg £27.27; diphosphate sodium £75.88, 5-kg £74.88.  
**Sodium acetate:** BP crystals £0.81 kg in 50-kg.  
**Sodium acid phosphate:** BP crystals £1.07-£1.14 kg for 50-kg lots.  
**Sodium benzoate:** £0.5459 in 500 kg lots.  
**Sodium bicarbonate:** BP £90.54 metric ton minimum 10-ton lots delivered UK.  
**Sodium carbonate:** Anhydrous £212 per metric ton.  
**Sodium chloride:** Vacuum-dried in 10-ton lots £26.59 metric ton delivered London.  
**Sodium citrate:** Granular £739 metric ton; powder £754.  
**Sodium fluoride:** in 50-kg lots £1.585 kg.  
**Sodium gluconate:** £720 technical (1,000 kg).  
**Sodium hydroxide:** Pellets BP 1973 in 50-kg lots £0.75 kg; sticks £3.731 kg.  
**Sodium nitrate:** Recrystallised £0.72 kg for 50-kg lots.  
**Sodium nitrite:** BPC 1973 £0.79-£0.96 as to maker for 50-kg lots.  
**Sodium pantothenate:** (Per kg) £14.42; £13.42 in 5 kg lots.  
**Sodium perborate:** (per 1,000 kg) monohydrate £479 tetrahydrate £283.  
**Sodium percarbonate:** £375.50 per metric ton.  
**Sodium sulphate:** Fine crystals BP £75 per metric ton, pea crystals £99.90; commercial £34.60.  
**Sodium sulphite:** Crystals £0.1948 kg (250 kg minimum).  
**Sodium thiosulphite:** photo grade £151 per metric ton.  
**Thiamine hydrochloride:** Per kg £17.45; 5-kg £16.45; 25-kg £15.95; mononitrate as for hydrochloride.  
**Tocopherol:** DL alpha £17.34 kg; 5-kg £16.34 kg.  
**Tocopheryl acetate:** Oil £15.38 kg; £14.38 kg in 5-kg lots; £13.88 (20-kg). Powder 25% £14.97; £13.97; £13.47; 50% £15.66; £14.66; £14.16 respectively.  
**Vitamin A:** (Per kg) acetate powder 500,000 iu/g, £14.56; £13.56 in 5-kg lots. Palmitate, oil 1 miu £14.83; 5-kg £13.83.  
**Vitamin D<sub>3</sub>:** Type 500, £24.55 kg; £23.55 (5-kg lots).  
**Vitamin E:** See tocopheryl acetate.  
**Yohimbine hydrochloride:** £225 per kg.  
**Zinc acetate:** Pure £1.09 kg in 50-kg lots.  
**Zinc chloride:** Granular 96/98 per cent £420 metric ton, delivered.

## Crude drugs

**Aloes:** Cape £1,150 ton spot; £1,050, cif. Curacao £2,350, cif nominal.  
**Balsams:** (kg) **Canada:** easier at £11 spot; £10.80, cif. **Copaiba:** £2.05 spot; no cif. **Peru:** £6.30 spot; £6, cif. **Tolu:** £4.70 spot.  
**Buchu:** Rounds £1.85 kg spot; £1.70, cif.  
**Cascara:** £1,100 metric ton spot; £1,070, cif.  
**Cherry bark:** spot £1,150 metric ton; £1,120, cif.  
**Dandelion:** Spot £1,450 metric ton spot; £1,400, cif.  
**Gentian:** Root £1.35 kg spot; £1.32, cif.  
**Ginger:** Cochin new crop £925 metric ton, cif. Jamaican nominal. Nigeria split £1,150 spot; peeled £1,500 spot. Sierra Leone £1,150, cif.  
**Henbane:** Niger, £1,740 metric ton spot; £1,700, cif.  
**Hydrastis:** (kg) £10.75 spot; £10.70, cif.  
**Lemon peel:** Unextracted £1,150 metric ton spot; shipment £1,100, cif.  
**Menthol:** (kg) Brazilian £8.40 spot; £8.20, cif. Chinese £8.30 in bond; £7.50, cif.  
**Sarsaparilla:** Mexican £1.68 kg, spot £1.60.  
**Jamaican:** £1.90 spot; £1.88, cif.  
**Tonquin beans:** £3.90 kg spot; £3.75, cif nominal.  
**Witchhazel leaves:** Spot £2.80 kg; £2.75, cif.

## Essential and expressed oils

**Almond:** Sweet in drum lots £1.15 kg duty paid.  
**Anise:** (kg) Spot £14.85; shipment £14.85, cif.  
**Bois de rose:** Spot £7.50 kg; shipment £7, kg.  
**Buchu:** South African £120 per kg spot; English distilled £220.  
**Cade:** Spanish £1.25 kg.  
**Camphor white:** £0.90 kg spot; £0.87, cif.  
**Caraway:** Imported £20 kg spot.  
**Cardamom:** English-distilled £375 kg.  
**Cassia:** Shipment £56 kg, cif., English distilled from bark £140.  
**Cedarwood:** Chinese £1.20 kg spot; £1.35, cif.  
**Celery:** English distilled £52-£55 kg.  
**Citronella:** Ceylon £1.46 kg spot; £1.35, cif; Chinese £2.06 spot; shipment £2.25 nominal.  
**Clove:** Madagascar leaf, £2.05 kg spot; £2.10, cif. English-distilled £47.50.  
**Coriander:** Russian about £20 kg.  
**Eucalyptus:** Chinese £2.05 kg spot; £1.95, cif.  
**Fennel:** Spanish sweet £10.50 kg spot.  
**Geranium:** (kg, cif) Bourbon £38.70. Chinese £26.35.  
**Ginger:** £90 kg spot.  
**Lavender spike:** £13.50 kg cif.  
**Lemon:** Sicilian best grades about £14-£15 kg.  
**Lemongrass:** Cochin £5.40 kg spot; £4.80, cif.  
**Lime:** West Indian £11.75 kg spot.  
**Mandarin:** £15.50 kg spot.  
**Olive:** Spanish £1,375 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,360; Tunisian not offering.  
**Orange:** Florida £0.65 kg; Brazilian £0.50.  
**Origanum:** Spanish £14.75 kg spot for 70 per cent.  
**Palmarosa:** No spot offers; £5.10 kg, cif.  
**Patchouli:** Chinese £12 kg spot; shipment not offering.  
**Pennyroyal:** £10.50 per kg spot.  
**Pepper:** English-distilled ex-black £140 kg.  
**Peppermint:** (kg) Arvensis—Brazilian £4.40 spot; shipment £4.30, cif. Chinese £4.30 spot; £4.15, cif. Piperata, American Far-West from about £22, cif.  
**Rosemary:** £5.75 kg spot.  
**Sandalwood:** Mysore £54 kg spot.  
**Sassafras:** Brazilian £2.50 kg spot; £2.20, cif. Chinese unavailable.  
**Spearmint:** (kg) American Far-West £15. Chinese spot £11.50, shipment £12.25, cif. nominal.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

# COMING EVENTS

## Monday, February 20

**Enfield Pharmacists' Association,** Postgraduate medical centre, Chase Farm Hospital, Enfield, at 7.45 pm. Messrs Leadbetter and Berry (members of Fingerprint Society) on "Examination of scenes of crime".

**Harrow Branch, Pharmaceutical Society,** Clinical lecture theatre, Northwick Park Hospital, Watford Road, Harrow, at 7.30 pm. Dr P. F. Boreham on "Scientific Safari to Africa".

**London Group Pharmaceutical Executive,** Bonnington Hotel, Southampton Row, London WC1, at 8 p.m. PSNC candidates' views.

## Tuesday, February 21

**Analytical Division, Chemical Society,** Lecture theatre J001, University of Technology, Loughborough, at 4.15 pm. Dr A. C. Moffat (Home Office Central Research Establishment) on "Analytical chemistry and drug metabolism".

**Bromley Branch, Pharmaceutical Society,** Nurses' education centre, Farnborough Hospital, at 8 pm. Dr Elizabeth Dean on "Primary care—the triumph of hope over experience".

**Liverpool Branch, Pharmaceutical Society,** Tutorial room F, Broadgreen Hospital, Thomas Drive, Liverpool 14, at 7.30 pm. Dr M. Orme (consultant physician) on "Old Wives' tales—and rheumatology".

**Stirling & Central Scottish Branch, Pharmaceutical Society,** Station Hotel, Stirling, at 8 pm. Mr D. C. Mair on "The role of pharmacy in a returned medicine campaign".

## Wednesday, February 22

**Southampton Branch, Pharmaceutical Society,** Meon Valley Golf and Country Club, Shedfield, at 8 pm. Dr B. A. Alliss (medical director Colegate Palmolive) on "New regimes for fluoride treatment". Joint meeting with British Dental Association.

**Southeast England Region, Pharmaceutical Society,** Postgraduate medical centre, Brighton General Hospital, Elm Grove, Brighton, at 7.30 pm. Postgraduate education—D. Salway on "Angina pectoris and its treatment".

## Thursday, February 23

**Analytical Division, Chemical Society,** Aberdeen University, at 4.15 pm. J. K. Foreman on "Food: Do we really know what we eat?".

**Burnley Branch, Pharmaceutical Society,** Ram Inn, Burnley, at 8 pm. Dr I. F. Jones (Bradford University) on "An academic's view of the NHS contract".

**Fife Branch, Pharmaceutical Society,** City Hotel, Dunfermline, at 7.45 pm. Dr A. Lawson (consultant physician) on "Current treatment of acute poisoning".

**Fylde Pharmacy Forum,** Imperial Hotel, Blackpool, at 7.45 pm. Mr D. A. Patterson (forensic laboratory, Chorley).

**London Branch, Guild of Hospital Pharmacists,** Pharmaceutical Society headquarters, 1 Lambeth High Street, London SE1, at 6.30 pm. Joint meeting with Society. Dr R. P. Enever (School of Pharmacy, London) on "Application of innovative dosage form design to improved drug therapy".

**Northern Scottish Branch, Pharmaceutical Society,** Postgraduate medical centre, Raigmore Hospital, Inverness, at 7.45 pm. Dr J. Burton on "Treatment of chronic renal failure".

**Northumbrian Branch, Pharmaceutical Society,** Hadrian House, Winthrop Laboratories, Edgefield Avenue, Fawdon, Newcastle, at 7.30 pm. Mr R. Birley on "Vindolanda—Roman settlement".

**Scottish Department, Pharmaceutical Society,** Peel House, Peel Hospital, Galashiels, at 7.30 pm. Mr N. Bell on "Radiopharmaceuticals".

## Friday, February 24

**Croydon Branch, Pharmaceutical Society,** Greyhound Hotel, Park Lane, Croydon, at 8 p.m. Mr A. J. Smith (Pharmaceutical Services Negotiating Committee chief executive) on "NHS remuneration and conditions of service".

## Advance Information

**Science and Security:** Conference on application of science to security techniques and equipment, Metroscope Hotel, Brighton, September 12-14. Concurrent exhibition. Details Mr N. A. Walter, Institute of Physics, 47 Belgrave Square, London SW1X 8QX.

**Industrial Pharmacists Group, Pharmaceutical Society:** March 15, at 2 p.m., annual meeting and the president Mrs E. Leigh on "Training of pharmacists for industrial careers". May 25, "Animal medicines and the industrial pharmacist". Both at Society's headquarters, 1 Lambeth High Street, London, SE1. Details from Mr R. E. Marshall.



# WESTMINSTER REPORT

## Veterinary drugs

The debate in the House of Commons on the Medicines (Exemptions from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order 1977, originally scheduled for February 9, has been postponed until Wednesday, February 15. The debate was arranged at the request of the Conservatives.

## Tranquillisers

In a written answer, Mr Roland Moyle, Minister for Health, said that information about the number of tranquillisers issued on prescription, ie total quantities, was not available. However, the number of prescriptions for tranquillisers dispensed in England rose from 13,605,000 in 1967 to 20,540,000 in 1975, the last year for which figures were available.

These figures were obtained from a sample of 1 in 200 prescriptions.

□ Mr Moyle confirmed that it was the Government's intention to phase out prescription charges. Other medical charges under the NHS were reviewed periodically.

## Proplex home use

Asked if the drug Proplex was yet regarded as suitable for home treatment of haemophiliacs under the National Health Service, Mr Roland Moyle, Minister for Health, said that Proplex was on the market in the UK and a product licence had been granted after consideration of the results of clinical trials in the USA. Proplex was indicated for treatment of Christmas disease (haemophilia B), but was inappropriate for the commoner form, haemophilia A. It might also be useful in haemorrhagic conditions of the newborn and in coagulation disorders associated with hepatic disease. It was at present available only from specialised haemophilia centres and was normally administered

under medical supervision by intravenous injection. The question of home treatment was a matter for the doctor.

## Eraldin study

The Secretary for Social Services is being asked to order an investigation into the total number of cases of side effects resulting from the use of practolol "in view of the disclosure of ever increasing numbers." The motion had 40 signatories, led by Mr Sidney Tierney, at the time of going to press. It welcomes the activities of many community health councils in monitoring the number of cases, and requires Mr Ennals to determine the help his Department can give.

□ In a written answer Mr Roland Moyle, Minister for Health, said that by November 30, 1977 the Committee on Safety of Medicines had received approximately 1,620 reports of patients who had developed suspected adverse reactions to practolol (Eraldin), of which 25 were deaths. A cause-effect relationship could not be assumed in every case.

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